

TEMPORARY RECEIPT

Date \_\_\_\_\_ \$ \_\_\_\_\_

Received from \_\_\_\_\_

Application for membership in Auxiliary No. \_\_\_\_\_

City and State \_\_\_\_\_

Received by \_\_\_\_\_

Cash  
  Check  
  Visa  
  Mastercard  
  Discover

DEPARTMENT COPY

NATIONAL COPY  
LIFE MEMBERS ONLY

LADIES AUX VFW ANNUAL/LIFE MEMBERSHIP APPLICATION

New    Reinstated    Transfer   # \_\_\_\_\_

I hereby apply for:  Annual    Life Membership in Auxiliary No. \_\_\_\_\_ located in \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
 Member at Large    Life Member at Large    Department of \_\_\_\_\_ or  National

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)   Date of Birth: \_\_\_\_\_ (MM) / \_\_\_\_\_ (DD) / \_\_\_\_\_ (YYYY)

Address \_\_\_\_\_ (Number and Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)   Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ to \_\_\_\_\_ (Eligible Veteran), member of VFW Post No. \_\_\_\_\_

Name of campaign ribbons or medals: \_\_\_\_\_

Foreign Service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date) to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)   Where: \_\_\_\_\_

I am a current/former member of Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Membership No. \_\_\_\_\_

LIFE MEMBERSHIP ONLY

Payment Method:  Cash    Check    Visa    Mastercard    Discover   Life Membership Fee \$ \_\_\_\_\_

I understand that if my Auxiliary has cancer insurance coverage, I am responsible for my own yearly premium payment.



I certify that I am a citizen of the United States of America. I further state that I believe in God. I pledge to comply with the National Bylaws of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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 Member at Large    Life Member at Large    Department of \_\_\_\_\_ or  National

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)   Date of Birth: \_\_\_\_\_ (MM) / \_\_\_\_\_ (DD) / \_\_\_\_\_ (YYYY)

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I am a current/former member of Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Membership No. \_\_\_\_\_

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I am a current/former member of Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Membership No. \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ (3 Digit Security Code shown on back of Credit Card)   Credit Card Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Payment Method:  Cash    Check    Visa    Mastercard    Discover   Life Membership Fee \$ \_\_\_\_\_

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THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK

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In the presence of Almighty God and the members of this organization here assembled, I do of my own free will and accord, solemnly promise that I will never wrong or defraud this organization nor a member thereof nor permit either to be wronged if in my power to prevent it. I will never propose for membership, any person not eligible, according to our Bylaws. I will be faithful to the United States of America, obedient to the laws and loyal to the Flag. Should my membership with this organization cease in any way, I will consider this obligation as binding outside of the organization as though I had remained a member. I do so promise.



Applicant's Signature \_\_\_\_\_

Recommended by: \_\_\_\_\_

Member, Aux. or Post No. \_\_\_\_\_ Date \_\_\_\_\_  
Revised 1/07 (MM/DD/YYYY)

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Member, Aux. or Post No. \_\_\_\_\_ Date \_\_\_\_\_  
Revised 1/07 (MM/DD/YYYY)

Admission Fee paid \$ \_\_\_\_\_ Dues paid \$ \_\_\_\_\_

Date \_\_\_\_\_ Life Membership Fee paid \$ \_\_\_\_\_  
(MM/DD/YYYY)  
 (Per section 105 of the Bylaws, the investigating committee shall investigate the eligible veteran's proof of honorable service, unless he/she is a member of the VFW Post to which the applicant is applying for membership. They shall recommend election or rejection based on eligibility.)

The investigating committee recommends:  
 election  rejection

Signatures of investigating committee members:  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant elected \_\_\_\_\_ Obligated \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

The annual dues of each member includes a year's subscription to the Ladies Auxiliary VFW magazine. Each applicant, upon acceptance, will be so notified and furnished with an official dues receipt showing membership for the year for which dues or Life Membership fees have been paid.

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Date \_\_\_\_\_ Life Membership Fee paid \$ \_\_\_\_\_  
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**LIFE MEMBERSHIP FEES**

**Attained Age (at 12/31 of year applying for the Life Membership)**

Attained Age (at 12/31 of year applying for the Life Membership)	Fee
Through 20	\$220.00
21-25	210.00
26-30	200.00
31-35	190.00
36-40	185.00
41-45	175.00
46-50	170.00
51-55	160.00
56-60	150.00
61-65	140.00
66-70	130.00
71-75	115.00
76-80	95.00
81-85	75.00
86-90	60.00
91 and over	50.00

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