



VFW Membership Mail-In Application

NO ONE DOES MORE FOR VETERANS.

Yes! I want to join the VFW as a member-at-large and continue serving my country, my community and my fellow man.

PLEASE ENTER YOUR PERSONAL INFORMATION

Name: _____
Last First M.I.

Address: _____
Street City State Zip

E-mail: _____ Phone: _____

Birthdate: _____ Social Security #: _____
(optional)

SERVICE INFORMATION Army Marine Corps Navy Air Force Coast Guard Space Force

Eligibility (choose all that apply)

<input type="checkbox"/> WWII	<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Combat Action Ribbon	<input type="checkbox"/> SSBN Deterrent Patrol Insignia
<input type="checkbox"/> Korean War	<input type="checkbox"/> Iraq	<input type="checkbox"/> Expeditionary Medal	<input type="checkbox"/> Imminent Danger/ Hostile Fire Pay
<input type="checkbox"/> Vietnam	<input type="checkbox"/> Korean Service (7/1/49 to present)	<input type="checkbox"/> Occupation Medal	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Persian Gulf War	<input type="checkbox"/> Kosovo	<input type="checkbox"/> Inherent Resolve	

Dates of Service: _____ to _____ Service Location: _____

Name of Campaign Ribbon or Medal: _____

MEMBERSHIP TYPE (please select one)

ONE YEAR (\$45.00) TWO YEARS (\$90.00)

Please bill me annually for my membership.

I would like to enroll in the Automatic Payment Plan.

AGE as of Dec. 31st	LIFE MEMBERSHIP FEE SCHEDULE	
	ONE-TIME PAYMENT	LIFE MEMBERSHIP INSTALLMENT PLAN
THROUGH AGE 30		initial payment 11 payments of
31-40	\$425.00	\$45.00 \$38.64
41-50	\$410.00	\$45.00 \$37.27
51-60	\$375.00	\$45.00 \$34.09
61-70	\$335.00	\$45.00 \$30.45
71-80	\$290.00	\$45.00 \$26.36
81 AND OVER	\$225.00	\$45.00 \$20.45
	\$170.00	\$45.00 \$15.45

Automatic Payment Plan Terms and Conditions: You authorize the VFW to initiate electronic debit entries or affect a charge by any other commercially accepted practice to your account set forth above for the payment of dues reflected on this application. You understand such charges may be made within 2-3 business days of payment due date. For installment payments, charges will be made on or around the 1st or the 15th day of the month. This authorization will remain in full force until VFW has received notification from you of its termination or upon completion of the installment payments. Annual dues are subject to change. By completing this authorization, you acknowledge that you will only receive notice when the payment would differ by more than \$10.00 from the most recent payment. Contact VFW Member Services at 1.833.VFW.VETS (1.833.839.8387) or write VFW Member Services, 406 W. 34th St., Suite 316, Kansas City, MO 64111 to inquire about or cancel a payment, or to report problems such as bank closures, lost or stolen account numbers, closed accounts, or unauthorized transactions. Cancellation requests must be received no later than 11:59 p.m. Central Time ten business days prior to the scheduled payment date. If you are unaware of the charge date for your account, please contact VFW. If a payment is returned by your financial institution (e.g., due to insufficient funds, incorrect account information, closed account, etc.) the VFW will contact you at the address we have on file, explain why the payment could not be processed, and provide alternate payment options. The privilege of making payments under this agreement may be revoked by VFW if any item is not paid upon presentation. You may have additional rights and responsibilities under the Electronic Funds Transfer Act.

The VFW life membership installment plan allows any VFW member/applicant to purchase a life membership by making an initial payment of \$45.00 and (11) monthly payments. The member will be issued an annual membership card at the time of enrollment. A permanent life membership card will be issued upon the completion of payments. The life membership fee is determined from the schedule using the applicant's age on December 31 of the year in which the application is submitted. Delinquencies of 31-120 days can be corrected through make up payment(s) or plan end date pushed forward. Member will be dropped from the installment plan after 120 days delinquent and all monthly payments made to date will be applied to future years annual dues.

PAYMENT INFORMATION Check/Money Order Mastercard VISA Discover AMEX

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Amount to be charged: \$ _____
(if using Life Membership installment plan, amount is \$45.00)

VERIFICATION & SIGNATURE

I attest that by forwarding this application that I have confirmed my eligibility for membership in the Veterans of Foreign Wars of the United States. I further give authority to the Veterans of Foreign Wars of the United States to verify my eligibility for membership.

Signature of Applicant: _____ Date: _____