VFW Membership Mail-In Application

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	М.І.	
Address:				
Street		City	State	Zip
E-mail:		Phone:		
Birthdate:	S	ocial Security #		
lf responding	to an ad or mailing please e	enter offer code:		
HOME OF RECORD (ACTIVE				-
□ Same as above				
Address:		City	State	Zip
		City	Slate	Ζιρ
SERVICE INFORMATION				
Branch of Service:	MY MARINE CORPS		R FORCE COAST	GUARD
□ Korean War □ Irac □ Vietnam □ Kor	rean Service (7/1/49 to presen	· •	ry Medal	□ SSBN □ Imminent Danger/ Hostile Fire Pay
Persian Gulf War Kos	SOVO	Other:		
Overseas from:	to		_ocation:	
^{mm/m} Name of Campaign	m/yyyy mm/mm/y Ribbon or Medal:	/ууу		
MEMBERSHIP TYPE (choose one)				
] Life (one -time fee) 🛛 Life	(12 Month Payment	Plan) 🗍 Life (24 Mon	th Payment Plan)
Payment Plan Terms & Conditions				
The VFW Life Membership installment plan allows an		One Time Payment	12 Month Payment Plan	24 Month Payment Plan
member/applicant to purchase a Life Membership by making eit 23 monthly installments. Initial payment of \$35 is required. The		\$425.00	\$40.39	\$20.23
will be issued a "Provisional Life" membership card and can el receipt of first monthly invoice, to pay via check, credit card or Al	ect, upon	\$410.00	\$39.02	\$19.58
The monthly fee (shown in the payment schedule) includes	STI DEDIL	\$375.00	\$35.84	\$18.05
monthly service fee. The applicable Life Membership fee	is to be 51.60	\$335.00	\$32.20	\$16.32
determined from the schedule using the applicant's age on Dec. installment plan year in which this Agreement Form is s	31 of the	\$290.00	\$28.11	\$14.36
regardless of actual date of birth. A permanent Life Membership	card will 71-80	\$225.00	\$22.20	\$11.53
be issued upon completion of this agreement. No refund of any current year annual dues will be made.	81 and over	\$170.00	\$17.20	\$9.14
PAYMENT INFORMATION				
Check/Money Orde	r 🗌 Master Card 🗌	Visa 🗌 Discove	r 🛛 American Exp	oress
	Card Number:			
Expiration Date:				
Card Holders Name:				
*Amount enclosed or to be charged: \$				
*If using Life Membership Payment Plan, an initial payment of \$35.00 is required.				
VERIFICATION & SIGNATURE				

ATTESTATION OF ELIGIBILITY Yes! I attest by forwarding this application that I am a citizen of the United States of America and I have checked the membership eligibility requirements for the Veterans of Foreign Wars of the United States and find that I am eligible for membership in the VFW and that I have never been discharged under other than honorable conditions or I am still serving honorably in the armed forces of the United States of America. I further give authority to the Veterans of Foreign Wars of the United States to verify my entitlement to membership.

Signature of Applicant:

Date:

Mail Form To: VFW Post 1351, 930 Ward Street, Martinez, CA 94553 Questions? Call 925-518-3295 Email: info@vfwpost1351.org