



# VFW Membership Mail-In Application

\* = Required field

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:

\*First Name \_\_\_\_\_ \*Street Address \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 \*Last Name \_\_\_\_\_ \*City \_\_\_\_\_  
 Email \_\_\_\_\_ \*State \_\_\_\_\_  
 Phone \_\_\_\_\_ \*Zip \_\_\_\_\_  
 \*Service Number or SSN \_\_\_\_\_ \*Birth date \_\_\_\_\_  
 Offer Code \_\_\_\_\_ Date format 'mm/dd/yyyy'

If responding to an ad or mailing, please enter the offer code.

### If you're on active duty, please fill in your permanent hometown address:

Same as above City \_\_\_\_\_  
 Street Address \_\_\_\_\_ State \_\_\_\_\_  
 or P.O. Box \_\_\_\_\_ Zip \_\_\_\_\_

**Service information:** Note: Name of Campaign Ribbon or Medal is NOT required if your eligibility is based on receipt of imminent danger/hostile fire pay or service in Korea.

*Branch (choose one)	*Eligibility (choose one)	
____ Air Force	____ WW II	____ Occupation Medal
____ Army	____ Korea (7/1/46 to present)	____ CIB/CMB
____ Coast Guard	____ Vietnam	____ Combat Action Ribbon
____ Marine Corps	____ Desert Storm	____ Imminent danger/hostile fire pay
____ Navy	____ Expeditionary Medal	____ Other
	____ Campaign Medal	Describe Other: _____

\*Overseas from: \_\_\_\_\_ \*to: \_\_\_\_\_ (format 'mm/dd/yyyy')

\*Service Location: \_\_\_\_\_

\*Name of Campaign Ribbon or Medal: \_\_\_\_\_

### Membership Type:

\*Membership Type: (choose one)

\_\_\_\_ Annual \$20  
 \_\_\_\_ Three-year \$55  
 \_\_\_\_ Life Membership

If you chose Life Membership, please choose one membership fee:

____ up to age 30 = \$245	____ 61 through 70 years = \$165
____ 31 through 40 years = \$235	____ 71 through 80 years = \$125
____ 41 through 50 years = \$215	____ 81+ years = \$85
____ 51 through 60 years = \$195	

Any applicant whose 31st, 41st, 51st, 61st, 71st or 81st birthday will occur after the date of application and on or before December 31st of the current calendar year, shall pay only the fee that would be required on his next birthday.

### Payment Information:

\* Check enclosed in the amount of \$ \_\_\_\_\_ (payable to Veterans of Foreign Wars)

OR

\* Charge my credit card in the amount of \$ \_\_\_\_\_

\*Card Type(choose one)

MasterCard      Visa  
 Discover          American Express

\*Card Number: \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_

\*Card Holder Name: \_\_\_\_\_

### Attestation of Eligibility:

Yes! I attest by forwarding this application that I am a citizen of the United States 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 Signed

### Print and mail this completed application to:

Membership Department  
VFW National Headquarters  
406 West 34th Street  
Kansas City, MO 64111

### Questions:

Telephone: (888) JOIN VFW (888-564-6839)  
Email: membership@vfw.org