

# TEMPORARY RECEIPT

Date \_\_\_\_\_

\$ \_\_\_\_\_

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

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

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

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

Cash

Check

Visa

Mastercard

Discover



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 \_\_\_\_\_

## LADIES AUX VFW ANNUAL/LIFE MEMBERSHIP APPLICATION

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

I hereby apply for:  Annual or  Life Membership in Auxiliary No. \_\_\_\_\_ located in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Member at large  Life Member at large Department of \_\_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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 premium payment.

Check here if this is a gift. Card will be mailed to **Auxiliary Treasurer**

THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK

# LIFE MEMBERSHIP FEES

Age as of December 31 of Year of Application	Fee
Through 30	\$200.00
31-40	185.00
41-50	165.00
51-60	145.00
61-70	115.00
71-80	85.00
81 and over	50.00

The Life Membership fees are based on the applicant's age as of December 31 of the year of application, regardless of the applicant's birth date.

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.



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     /     /