

# TEMPORARY RECEIPT

Date \_\_\_\_\_

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

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

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

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

Cash  Check  Visa  Mastercard  Discover

# 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.

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) (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 premium payment.

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



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 \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Life Membership Fee paid \$ \_\_\_\_\_

The investigating committee recommends:  election  rejection

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

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

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

Member, Aux. or Post No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 5/05



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.

THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK