



VFW Membership Mail-In Application

* = Required field

Yes! I want to join the VFW and continue serving my country, my community and my fellow man.

Please enter your personal information:

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

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

Same as above _____ (check mark)
Street Address or P.O. Box _____ City _____ State _____ 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) _____ Army _____ Marine Corps _____ Navy _____ Air Force _____ Coast Guard

*Eligibility (choose one) _____ WW II _____ Occupation Medal _____ Korea (7/1/46 to present) _____ Vietnam
_____ CIB/CMB _____ Desert Storm _____ Combat Action Ribbon _____ Imminent danger/hostile fire pay
_____ Expeditionary Medal _____ Campaign Medal _____ Other

*Describe Other: _____

*Overseas from: _____ to: _____ (mm/dd/yyyy)

*Service Location: _____ *Name of Campaign Ribbon or Medal: _____

***Membership Type:** (choose one)

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

_____ Annual \$20 _____ Life Membership
_____ up to age 30 = \$425 _____ 31 through 40 years = \$410 _____ 41 through 50 years = \$375
_____ 51 through 60 years = \$335 _____ 61 through 70 years = \$290 _____ 71 through 80 years = \$225
_____ 81+ years = \$170

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.

***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 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 _____ (mm/dd/yyyy)

*Payment Information: Check enclosed in the amount of \$ _____ (payable to Veterans of Foreign Wars)

Print and mail this completed application to:

**VFW Post 9877 c/o John Stewart
107 Grandview Terrace Amherst, VA
24521**