

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.

*First Name _____	*Street Address or P.O. Box _____
Middle Initial _____	*City _____
*Last Name _____	*State _____ Zip Code _____
Email Address _____	
Phone Number _____	
Service # or SSN _____	*Birth Date _____
Offer Code _____	

If you're on Active Duty please fill in your permanent hometown address:
Street Address or P.O. Box _____
City _____ State _____ Zip Code _____

Service Information: 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	____ WWII	____ Occupation Medal
____ Army	____ Korea (7/1/46 – present)	____ CIB/CMB
____ Coast Guard	____ Vietnam	____ Combat Action Ribbon
____ Marine Corps	____ Desert Storm	____ Imminent Danger Pay
____ Navy	____ Expeditionary Medal	____ Hostile Fire Pay
	____ Campaign Medal	____ Other
		Describe Other: _____

*Overseas from: _____ to _____ (mm/dd/yyyy)
*Location: _____
*Name of Campaign Ribbon or Medal: _____

Membership Type: (Choose One)
If you choose Life Membership, choose one of the membership fees:
____ Annual = \$25 ____ Three year = \$70 ____ Life Membership

Life Member Choices:
____ Up to 30 yrs = \$475 ____ 31-40 yrs = \$410 ____ 41-50 yrs = \$375 ____ 51-60 yrs = \$335
____ 61-70 yrs = \$290 ____ 71-80 yrs = \$225 ____ 81 and up = \$170

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

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) ____ Master Card / ____ VISA / ____ Discover *Card Holder Name _____ *Card Number _____ *Expiration Date _____ _____ *Signature of Applicant _____ *Date Signed _____

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.

Mail the Completed Application To:
VFW POST 9225
P.O. Box 1322
Perry, FL 32347

QUESTIONS? Email: shorty@grubbsonline.com