



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
 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