



# VFW Membership Mail-In Application

\* = Required field

Questions: Telephone: (623) 934-2152

Email: commander@vfwpost1433.org

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)

<input type="checkbox"/> Air Force	<input type="checkbox"/> WW II	<input type="checkbox"/> Occupation Medal
<input type="checkbox"/> Army	<input type="checkbox"/> Korea (7/1/46 to present)	<input type="checkbox"/> CIB/CMB
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Combat Action Ribbon
<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Desert Storm	<input type="checkbox"/> Imminent danger/hostile fire pay
<input type="checkbox"/> Navy	<input type="checkbox"/> Expeditionary Medal	<input type="checkbox"/> Other
	<input type="checkbox"/> Campaign Medal	Describe Other: _____

\*Overseas from: \_\_\_\_\_ \*to: \_\_\_\_\_ (format 'mm/dd/yyyy')

\*Service Location: \_\_\_\_\_

\*Name of Campaign Ribbon or Medal: \_\_\_\_\_

### Membership Type:

\*Membership Type: (choose one)

Annual

Life Membership

*\*payment plans available (call for more information)*

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

<input type="checkbox"/> up to age 30 = \$425	<input type="checkbox"/> 61 through 70 years = \$290
<input type="checkbox"/> 31 through 40 years = \$410	<input type="checkbox"/> 71 through 80 years = \$225
<input type="checkbox"/> 41 through 50 years = \$375	<input type="checkbox"/> 81+ years = \$170
<input type="checkbox"/> 51 through 60 years = \$335	

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 with a copy of your DD214 to:

Sandy Coor, Post 1433  
7618 N. 63rd Ave.  
Glendale, AZ 85301