



**Mail To:**  
**VFW Post 6258**  
**PO Box 31**  
**Halifax MA 02338-0031**

**VFW Membership**  
**Application**

**PLEASE ENTER YOUR PERSONAL INFORMATION**

**Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street City State Zip

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Social Security #:** **Not Required**

If responding to an ad or mailing please enter offer code: \_\_\_\_\_

**HOME OF RECORD (Active Duty only)**

Same as above

**Address:** \_\_\_\_\_  
Street City State Zip

**SERVICE INFORMATION**

**Branch of Service:**  Army  Marine Corps  Navy  Air Force  Coast Guard

**Eligibility (choose one)**

- WWII  Afghanistan  Combat Action Ribbon  SSBN
- Korean War  Iraq  Expeditionary Medal  Imminent Danger/ Hostile Fire Pay
- Vietnam  Korean Service (7/1/49 to present)  Occupation Medal
- Persian Gulf War  Kosovo  Other: \_\_\_\_\_

**Overseas from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Service Location:** \_\_\_\_\_

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

**MEMBERSHIP TYPE (choose one)** \* **No Annual Due's for 1st Year - Send no money!**  
 Annual \$0 1st Year  Life Membership (one-time fee)  Life Membership (installment)

**Payment Plan Terms & Conditions**

The VFW Life Membership installment plan allows any VFW member/applicant to purchase a Life Membership by making either installments after an initial payment of \$35. The member will be issued a "Provisional Life" membership card and can elect, upon receipt of first monthly invoice, to pay via check, credit card or ACH Debit. The applicable Life Membership fee is to be determined from the schedule using the applicant's age on Dec. 31 of the installment plan year in which the application is submitted, regardless of actual date of birth. A permanent Life Membership card will be issued upon completion of this agreement. No refund of any portion of current year annual dues will be made.

**LIFE MEMBERSHIP FEE SCHEDULE**

Age	One-time Payment	Installment
18-30	\$425.00	\$38.64
31-40	\$410.00	\$37.27
41-50	\$375.00	\$34.09
51-60	\$335.00	\$30.45
61-70	\$290.00	\$26.36
71-80	\$225.00	\$20.45
81 and over	\$170.00	\$15.45

**PAYMENT INFORMATION**

Check/Money Order  Mastercard  VISA  Discover  American Express

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_ **Amount to be charged: \$** \_\_\_\_\_  
 (if using Life Membership installment plan, amount is \$35.00)

**VERIFICATION & SIGNATURE**

I attest that by forwarding this application that I am a citizen of the United States of America and that I have confirmed my eligibility for membership in the Veterans of Foreign Wars of the United States. I further give authority to the Veterans of Foreign Wars of the United States to verify my eligibility for membership.

**Signature of Applicant:** **Not Required** **Date:** \_\_\_\_\_