

**VFW Department of Massachusetts
Life Membership Application**

Name: _____

Membership Number: _____

Date of Birth: _____

Phone: _____

E-Mail: _____

Post: _____ Length of Membership: _____

Age: _____ Amount Due: _____

| Age Range | Department Pays | Member Pays |
|----------------|-----------------|-------------|
| Through Age 30 | \$425 | \$212.50 |
| 31-40 | \$410 | \$205 |
| 41-50 | \$375 | \$187.50 |
| 51-60 | \$335 | \$167.50 |
| 61-70 | \$290 | \$145 |
| 71-80 | \$225 | \$112.50 |
| 81 and over | \$170 | \$85 |

I certify the information contained above is true and accurate.

Member's Signature

Date

Mail form and check to:

VFW Dept of Massachusetts
Life Membership Program
24 Beacon St, Suite 546-1
Boston, MA 02133