

VFW POST 12024 Membership Mail-In Application

Yes! I want to join the VFW as a member of The Woodlands, Texas - Post 12024

PLEASE ENTER YOUR PERSONAL INFORMATION

NAME											
		Last				First			M.I.		
ADDRESS EMAIL		Street			С	ity		State	Zip		
						PHON	E				
BIRTHDAY						SOCI	AL SECURI	TY#			
			MM/DD/YY						X	(X-XX.XXXX	
			H	HOME OF RE	CORD (AC	TIVE DUT	Y ONLY)				
ADDR	ESS										
		Street				City		State	Zip		
SERVICE	INFORM	MATION								_	
	Branch	of Service:	Air Force	Army O	Coast Guai	rd O V	Marines O N	lavy	Г	SSBN	
Eligibility	┌ ww	/ II	☐ Afghanis	stan		Comb	at Action Ribbo	on		Imminent	
(choose all	/ Kore	rean War 🔲 Iraq				Expeditionary Medal			Danger /		
that apply)	┌ Viet	etnam Korean Service (7/1/49 to No			9 to Now)	Ccupation Medal				Hostile Pay	
	Pers	sian Gulf War Kosovo			,	☐ Other					
Overseas		to		Sarvica Lac	nation:						
from:	mm/dd/	Service Location:									
		,,,,		Name of Ca	iiipaigii Kii	DOOL OL IM	euai.				
MEMBER	SHIP TY	PE Annual \$35.00 Life (12 Month Pay			yment Plan)			Life Membership Fee Schedule			
(choose one))	○ Life	C Life (one-time fee) Life (24 Month Page			ment Plan)			12 Month	24 Month	
Payment Plan	Torms and	Conditions: The	VEW Life Member	rehin inetallment	Age		One Time Payn	nent	Payment Plan	Payment Plan	
Payment Plan Terms and Conditions: The VFW Life Membership installment plan allows any VFW member/applicant to purchase a Life Membership by Throug making either 11 or 23 monthly installments. Initial payment of \$35 is required. The member will be issued a "Provisional Life" membership card and can elect,						e 30	\$425.00		\$40.39	\$20.23	
							\$410.00		\$39.02	\$19.58	
upon receipt of first monthly invoice, to pay via check, credit card or ACH Debit.					41-50	\$375.00			\$35.84	\$18.05	
The monthly fee (shown in the payment schedule) includes a \$1.75 monthly service fee. The applicable Life Membership fee is to be determined from the						\$335.00			\$32.20	\$1630	
schedule using the applicant's age on Dec. 31 of the installment plan year in					61-70	\$290.00			\$28.11	\$14.36	
which this Agreement Form is submitted, regardless of actual date of birth. A permanent Life Membership card will be issued upon completion of this					71-80		\$225.00		\$22.20	\$11.53	
					81 and ov	ver	\$170.00		\$17.20	\$ 9.14	
PAYMENT	INFORM	ATION () C	heck / Money (Order () Ma	astercard	○ Visa	Discover	(A	merican Exp	ress	
Card						Expiration					
Card Holder						*Amount enclosed or to be					
		*If us	ing Life Meml	bership Payı	ment Plan,	an initial	payment of \$	35.00	is required.		
VERIFICAT	TION & S	IGNATURE									
ATTESTATIO	ON OF EL	IGIBILITY Yes!	I attest by forwa	rding this appli	ication that I	am a citizer	n of the United S	States o	f America and	I I have checked the	
										n the VFW and that States of America.	

further give authority to the Veterans of Foreign Wars of the United States to verify my entitlement to membership. I will send in proof of eligibility with my

Date:

payment, and understand my membership will not be processed without this document.

Signature of Applicant: