

POST 305 VFW MEMBERSHIP APPLICATION

NATIONAL COPY VER1/20

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

NAME _____
FIRST MIDDLE LAST

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

DATE OF BIRTH _____ GENDER: (M) (F)

PHONE _____ SSN (OPTIONAL) _____

BRANCH OF SERVICE: () ARMY () NAVY () AIR FORCE () MARINES () COAST GUARD

VETERAN LOCATION OF QUALIFYING FOREIGN SERVICE: _____

VETERAN QUALIFYING CAMPAIGN MEDAL(s) and/or SERVICE: _____

VETERAN DATES OF SERVICE: _____

MEMBERSHIP TYPE (CHOOSE ONE):

() ANNUAL MEMBER (Payment Authorization) – You may pay by check or credit card. For payments by check, you will receive a yearly statement by mail. For credit card payments, please complete the following:

() I authorize the VFW to automatically charge my account \$ _____ on a yearly basis to pay my annual membership dues.

() I authorize the VFW to charge my account a one -time purchase of \$ _____.

() LIFE MEMBER

() I authorized the VFW to charge my account for a one – time payment of \$ _____

() LIFE MEMBER INSTALLMENT PLAN

() I authorize the VFW automatically charge my account \$ _____ to be paid in 11 monthly installments after an initial payment of \$45.00.

QUARTERMASTER – PLEASE FILL OUT

() New - Post Number _____

() Former Member - ID Number _____

() TRANSFER from Post Number _____ to Post Number _____

RECRUITER (Please Print) _____
Name Member Number

QUARTERMASTER: _____
Signature Member Number

This application can be dropped off or mailed to: VFW Post 305, 1300 Starr Avenue, Eau Claire WI, 54703.
Applications can also be delivered via email at: vfwpost305@gmail.com