

VFW Auxiliary Membership Update Form

Rev. 12-16

REQUIRED FIELDS:

Member's Current Name _____ Membership ID No. _____

Current Address _____

E-mail Address _____ Phone Number (_____) _____

Current Auxiliary # _____ Department of _____ Date of Birth _____

NAME CHANGE Former Name _____
First Last

ADDRESS CHANGE

CONTINUOUS ANNUAL DUES (no pre-printed card)

CONVERT TO LIFE MEMBER

Life Membership Fee \$ _____

Check here if this is a gift. It will be mailed to the Auxiliary Treasurer.

Payment Methods:

Check: Make check payable to: **VFW Auxiliary**

Credit Card **VISA** **MasterCard** **Discover**

Name as it appears on the card: _____

Address associated with the card holder: _____

Credit Card Number _____

CVV Code ____ (3 digit code shown on back of credit card) Expiration ____ / ____
Month / Year

Card Holder's Signature _____ Date _____

ACH (Bank withdrawal) Name of Bank _____ Routing Number _____

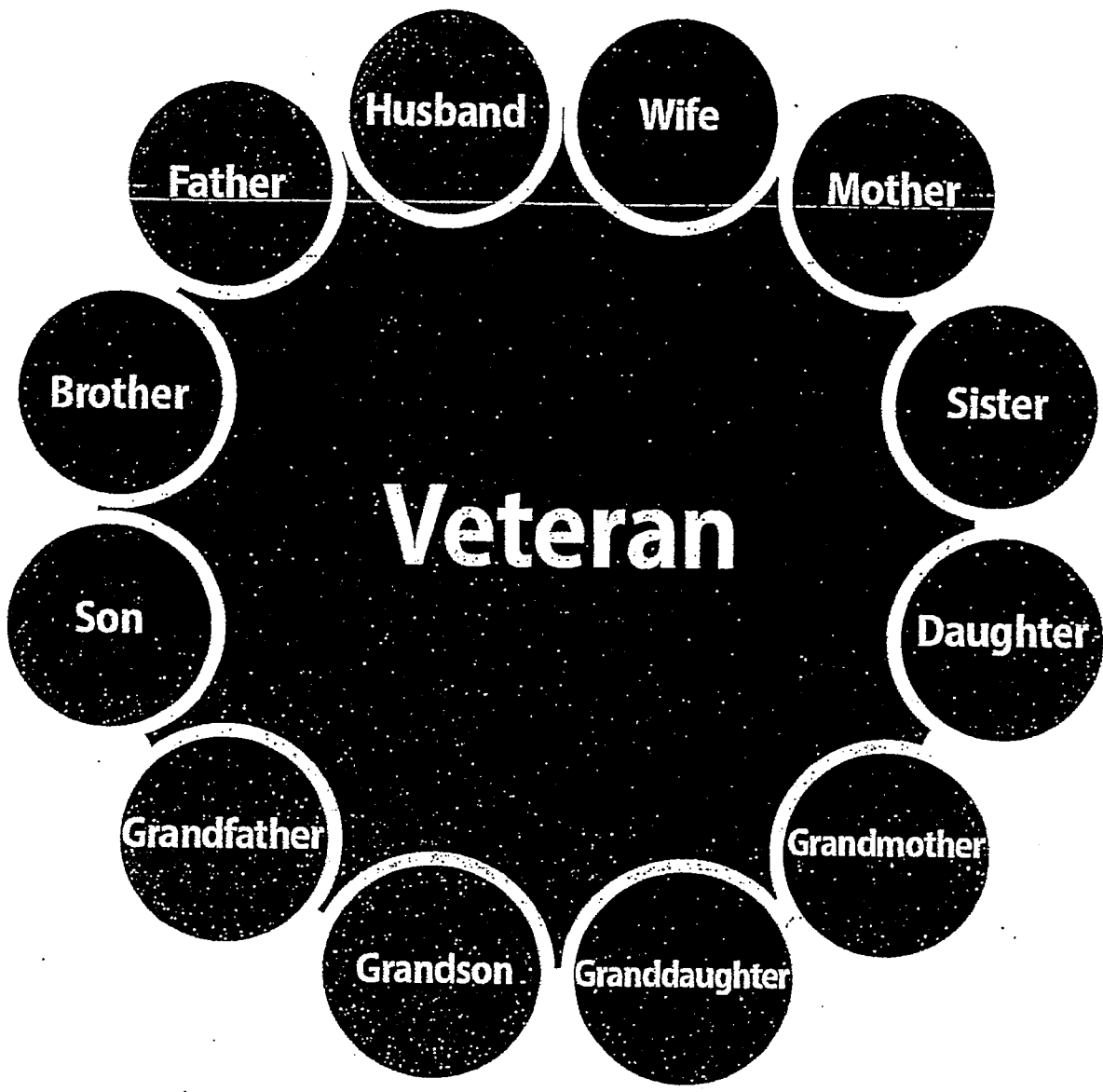
Attached voided check HERE (required) Account Number _____

LIFE MEMBERSHIP FEES	
Effective 1/1/2017	
Attained age at 12/31 of year applying for Life Membership.	
Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

REPLACE MY LIFE MEMBER CARD

NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK made payable to VFW Auxiliary for \$5.00 or complete the payment information above if using a credit card or ACH. Please send directly to National Headquarters at 406 W. 34th St., Kansas City, MO 64111.

DEATH REPORT Date of Death _____



Husband

Wife

Mother

Sister

Daughter

Grandmother

Granddaughter

Grandson

Grandfather

Son

Brother

Father

Veteran