



# VFW Post 2728 Membership Application

## PLEASE ENTER YOUR PERSONAL INFORMATION

Name:

Last

First

M.I.

Address:

Street

City

State

Zip

E-mail:

Phone:

(xxx) xxx-xxxx

Birthdate:

(mm/dd/yyyy)

Social Security #

(xxx-xx-xxxx)

### HOME OF RECORD (ACTIVE DUTY ONLY)

Same as above

Address:

Street

City

State

Zip

Request Transfer Old Post # \_\_\_\_\_ City/State \_\_\_\_\_

Membership Type  Life Member  Annual Member  Member-at-Large

SERVICE INFORMATION Branch of Service:  ARMY  NAVY  AIR FORCE  MARINE CORPS  COAST GUARD

Eligibility (choose one)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> WW II            | <input type="checkbox"/> SSBN           | <input type="checkbox"/> Afghanistan         | <input type="checkbox"/> Combat Action Ribbon                 |
| <input type="checkbox"/> Korean War       | <input type="checkbox"/> Iraq           | <input type="checkbox"/> Expeditionary Medal | <input type="checkbox"/> Imminent Danger/<br>Hostile Fire Pay |
| <input type="checkbox"/> Vietnam          | <input type="checkbox"/> Korean Service | <input type="checkbox"/> Occupation Medal    |   |
| <input type="checkbox"/> Persian Gulf War | <input type="checkbox"/> Kosovo         | <input type="checkbox"/> Other _____         |   |

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

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

MEMBERSHIP TYPE (choose one)  Annual \$25.00  Life (one -time fee)  Life (12 Month Pay Plan)  Life (24 Month Pay Plan)

Life membership monthly payment plan see the Post Quartermaster

PAYMENT INFORMATION  Cash  Check  Money Order  Credit Card (See the Quartermaster)

### VERIFICATION & SIGNATURE

ATTESTATION OF ELIGIBILITY Yes! I attest by forwarding this application that I am a citizen of the United States of America and I have checked the membership eligibility requirements for the Veterans of Foreign Wars of the United States and find that I am eligible for membership in the VFW and that I have never been discharged under other than honorable conditions or I am still serving honorably in the armed forces of the United States of America. I further give authority to the Veterans of Foreign Wars of the United States to verify my entitlement to membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only Dues Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_ Certification (See Sec. 104 By-Laws)

The Membership Committee has performed its duties and recommends \_\_\_\_\_ approval \_\_\_\_\_ rejection (Committee Signatures below)

Applicant Approved on \_\_\_\_\_ Obligated \_\_\_\_\_