

# MEMBERSHIP APPLICATION

If you do not know a member of a Ladies Auxiliary VFW to whom you can give this application for membership, mail the form to National Headquarters and you will be contacted by a local Auxiliary.

**THIS IS A PERMANENT RECORD.**

**TYPE OR PRINT IN INK.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ FAX \_\_\_\_\_

Auxiliary Name and No. \_\_\_\_\_ Location of Post (City) \_\_\_\_\_ (State) \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ To \_\_\_\_\_ (Eligible Veteran) Member of VFW Post No. \_\_\_\_\_

Name of Campaign Ribbons or Medals \_\_\_\_\_

Dates of Foreign Service: From \_\_\_\_\_ To \_\_\_\_\_ Where \_\_\_\_\_

I am a current/former member of Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Membership No. \_\_\_\_\_



406 West 34th Street, 10th Floor,  
Kansas City, Missouri 64111

I certify that I am a citizen of the United States of America. I further state that I believe in God. I pledge to comply with the National Bylaws of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States.

Date Signed \_\_\_\_\_ Signature of Applicant \_\_\_\_\_