NAME	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: authorize the VFW to automatically charge my account \$ on a yearly basis to pay my Annual membership dues. authorize the VFW to charge my account a one-time payment of \$ authorize the VFW to charge my account for a one-time payment of \$ authorize the VFW to automatically charge my account \$ to be paid in 11 monthly installment payments after my initial payment of \$45.00. authorize the VFW to charge the \$45.00 initial payment and I understand that I will be billed for the remaining 11 monthly installment payments.
QUALIFYING CAMPAIGN MEDAL(s) and/or SERVICE	I'M NEW Post No.
DATES OF SERVICE: LOCATION OF QUALIFYING FOREIGN SERVICE: Please see reverse for terms and conditions of Automatic Payment and Installment Life Plans.	TRANSFER From Post No
Received from Committee member Committee one) Received By: Committee member Committee Committe	ends approval rejection. (signatures of Committee members below) se Member Committee Member Date
CASH J. DUES PAID: ADMISSION FEE PAID:	PLEASE SEPARATE FORMS BEFORE SIGNING
SE DUES PAID: ADMISSION FEE PAID:	DATE: Received by:
The Review Committee has performed its duties and recomm Committee	l attest that I am a citizen or national of the United States, that my Campaign Service was honorable, that I have never subsequently been discharged from military service under dishonorable conditions. I also certify that (1) I am entitled to a campaign ribbon or medal authorized by the U.S. Government based on my overseas service or; (2) I have served overseas
I further certify that I am not indebted to my former Post, be i or written commitment or otherwise, and that to the best of no written charges have been preferred against me by my family and I understand that any such indebtedness or charge when disclosed at any time hereafter will render this transfer null please have the applicant sign to the right	it through oral ny knowledge DATE: former Post, nich may be SIGNATURE: