


TEMPORARY RECEIPT

Date \_\_\_\_\_ Received from \_\_\_\_\_ \$ \_\_\_\_\_ Application for Membership in Auxiliary No. \_\_\_\_\_ City and State \_\_\_\_\_ Received by \_\_\_\_\_  Cash  Check  Visa  Mastercard  Discover

LADIES AUX VFW ANNUAL/LIFE MEMBERSHIP APPLICATION

New  Reinstated  Transfer # \_\_\_\_\_ I hereby apply for:  Annual or  Life Membership in Auxiliary No. \_\_\_\_\_ located in \_\_\_\_\_ (City) (State)  Member at large  Life Member at large Department of \_\_\_\_\_ Name \_\_\_\_\_ (Last) (First) (Middle) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM / DD / YYYY) Address \_\_\_\_\_ (Number and Street) (City) (State) (Zip) Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ to \_\_\_\_\_ (Eligible Veteran), member of VFW Post No. \_\_\_\_\_ Name of campaign ribbons or medals: \_\_\_\_\_ Foreign Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Where: \_\_\_\_\_  I am a current/former member of Auxiliary No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Membership No. \_\_\_\_\_

**LIFE MEMBERSHIP ONLY**  
Payment Method:  Cash  Check  Visa  Mastercard  Discover Life Membership Fee \$ \_\_\_\_\_  
I understand that if my Auxiliary has cancer insurance coverage, I am responsible for my own premium payment.  
 Check here if this is a gift. Card will be mailed to **Auxiliary Treasurer**

 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.  
Applicant's signature \_\_\_\_\_ Date Signed \_\_\_\_\_


THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK

DEPARTMENT COPY

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NATIONAL COPY  
LIFE MEMBERS ONLY

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Credit Card Number: \_\_\_\_\_ **LIFE MEMBERSHIP ONLY** Credit Card Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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