

Please enter your personal information

Name: _____
Last First M.I.

Address: _____
Street City State Zip

E-mail: _____ **Phone:** _____

Birthdate: _____ **SSN (Optional)** _____

Home of Record (Active Duty only)

Same as above

Address: _____
Street City State Zip

Service Information

Branch of Service: Army Marine Corps Navy Air Force Coast Guard

Eligibility (choose one)

- WWII Afghanistan Combat Action Ribbon SSBN Deterrent Patrol Insignia
- Korean War Iraq Expeditionary Medal Imminent Danger/
- Vietnam Korean Service (7/1/49 to present) Occupation Medal Hostile Fire Pay
- Persian Gulf War Kosovo Other: _____

Dates of Service _____ to _____ **Service Location:** _____

Name of Campaign Ribbon or Medal: _____

Membership Type (choose one)

Annual \$38.00 Life Membership (one-time fee) Life Membership (installment)

Payment Plan Terms & Conditions

The VFW Life Membership installment plan allows any VFW member/applicant to purchase a Life Membership by making installment payments after an initial payment of \$45. The member will be issued a "Provisional Life" membership card and can elect, upon receipt of first monthly invoice, to pay via check, credit card or ACH Debit.

The applicable Life Membership fee is to be determined from the schedule using the applicant's age on Dec. 31 of the installment plan year in which the application is submitted, regardless of actual date of birth. A permanent Life Membership card will be issued upon completion of this agreement. No refund of any portion of current year annual dues will be made.

Life Membership Fee Schedule

Installment Plan

Age	One-time Payment	Initial Payment	11 Payments of
18-30	\$425.00	\$45.00	\$38.64
31-40	\$410.00	\$45.00	\$37.27
41-50	\$375.00	\$45.00	\$34.09
51-60	\$335.00	\$45.00	\$30.45
61-70	\$290.00	\$45.00	\$26.36
71-80	\$225.00	\$45.00	\$20.45
81 and over	\$170.00	\$45.00	\$15.45

Payment Information

Check/Money Order (Payee: VFW Post 5162)
 MasterCard
 VISA
 Discover
 American Express

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Amount to be charged: _____
 (if using Life Membership installment plan, amount is \$45.00)

Verification & Signature

I attest that by forwarding this application that I am a citizen of the United States of America and that I have confirmed my eligibility for membership in the Veterans of Foreign Wars of the United States. I further give authority to the Veterans of Foreign Wars of the United States to verify my eligibility for membership.

Signature of Applicant: _____ Date: _____

Mail Form to: **Membership, VFW Post 5162, P.O. Box 4638, Huntsville, Al 35815**

Questions: email QM@vfwpost5162.com