



# VFW Membership Application

POST 8058

## PLEASE ENTER YOUR PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security # **N/A**

### 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)

- WW II  Afghanistan  Combat Action Ribbon  SSBN
- 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: \_\_\_\_\_

Overseas from: \_\_\_\_\_ to \_\_\_\_\_ Service Location: \_\_\_\_\_  
mm/mm/yyyy mm/mm/yyyy

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

## MEMBERSHIP TYPE (choose one)

- Annual \$40.00
- Life (one-time fee)
- Life (12 Month Payment Plan)
- Life (24 Month Payment Plan)

Payment Plan Terms & Conditions

### Life Membership Fee Schedule

Age	One Time Payment	12 Month Payment Plan
Through Age 30	\$425.00	\$40.39
31-40	\$410.00	\$39.02
41-50	\$375.00	\$35.84
51-60	\$335.00	\$32.20
61-70	\$290.00	\$28.11
71-80	\$225.00	\$22.20
81 and over	\$170.00	\$17.20

## PAYMENT INFORMATION

- Check/Money Order
- Master Card
- Visa
- Discover
- American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

\*Amount enclosed or to be charged: \$ \_\_\_\_\_

\*If using Life Membership Payment Plan, an initial payment of \$45.00 is required.

## 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: \_\_\_\_\_

Bring or Mail DD214 & This Form To: Commander VFW Post 8058 P.O. Box 1765, 3475 Douglas Rd. Fort Pierce, FL 34954  
Questions? Call (772) 464-1675 or email: post8058@vfw.org