



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