

# VFW Auxiliary Membership Update Form

Rev. 6-17

**REQUIRED FIELDS:**

**Member's Current Name** \_\_\_\_\_ **Membership ID No.** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Phone Number ( )** \_\_\_\_\_

**Current Auxiliary #** \_\_\_\_\_ **Department of** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**NAME CHANGE** Former Name: First \_\_\_\_\_ Last \_\_\_\_\_

**ADDRESS CHANGE**

**CONTINUOUS ANNUAL DUES (We recommend using the Membership Summary Form for multiple dues payments.)**

**CONVERT TO LIFE MEMBER**

Life Membership Fee \$ \_\_\_\_\_

Check here if this is a gift. It will be mailed to the Auxiliary Treasurer.

**Payment Methods:**

**Check:** Make check payable to: **VFW Auxiliary**

**Credit Card**     VISA     MasterCard     Discover

Name as it appears on the card: \_\_\_\_\_

Address associated with the card holder: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CVV Code \_\_\_\_\_ (3 digit code shown on back of credit card) Expiration \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACH (Bank withdrawal)** Name of Bank \_\_\_\_\_ Routing Number \_\_\_\_\_

**Attached voided check HERE (required)** Account Number \_\_\_\_\_

**REPLACE MY MEMBER CARD**

\$5 Annual    \$10 Life

**DEATH REPORT** Date of Death \_\_\_\_\_

<b>LIFE MEMBERSHIP FEES</b>	
Effective 1/1/2017	
Attained age at 12/31 of year applying for Life Membership.	
Through 20	\$253
21-25	\$242
26-30	\$230
31-35	\$219
36-40	\$213
41-45	\$201
46-50	\$196
51-55	\$184
56-60	\$173
61-65	\$161
66-70	\$150
71-75	\$132
76-80	\$109
81-85	\$86
86-90	\$69
91 and over	\$58

**NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK made payable to VFW Auxiliary or complete the payment information above if using a credit card or ACH. Please send directly to National Headquarters at 406 W. 34<sup>th</sup> St., 10th Floor, Kansas City, MO 64111.**