LADIES AUX VFW ANNUAL/LIFE MEMBERSHIP APPLICATION

☐ New ☐ Reinstated ☐ Transfer #_____

I hereby apply for: ☐ Annual ☐ Life Membership in Auxiliary #2621 Located in Essex, MD

Member at Large ☐ Life Member at Large ☐Department of _____or ☐ National

Name _____ Date of Birth_____
(Last) (First) (Middle)

Address_____Phone_____
(Number and Street) (City) (State) (Zip)

Relationship _____To _____, member of VFW Post No._____
(Eligible Veteran)

Name of Campaign ribbons or medals: _____

Foreign Service _____to_____ where: _____
(Date) (Date)

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 yearly Premium payment.

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.

Applicants Signature_____Date:_____

In the presence of Almighty God and the members of this organization here assembled, I do of my own free will and accord, solemnly promise that I will never wrong or defraud this organization nor a member thereof nor permit either to be wronged if in my power to prevent it. I will never propose for membership, any person not eligible, according to our Bylaws. I will be faithful to the United States of America, obedient to the laws and loyal to the Flag. Should my membership with this organization cease in any way, I will consider this obligation as binding outside of the organization as though I had remained a member. I do so promise.

Applicants Signature_____

Recommended by: _____

Member, Aux. or Post No. _____ Date_____

Admission Fee paid $_____ Dues paid $_____

Date_____ Life Membership Fee paid $_____

(Per section 105 of the Bylaws, the investigating committee shall investigate the eligible veteran's proof of honorable service, unless he/she is a member of the VFW Post to which the applicant is applying for membership. They shall recommend election or rejection based on eligibility.)

The investigating committee recommends:

☐**Election** ☐**Rejection**

Signatures of investigating committee

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