

VFW Auxiliary Member Change/ Update Form

Rev. 8-18

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 AMEX

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

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. 34th St., 10th Floor, Kansas City, MO 64111. You can also order a replacement card online in MALTA by visiting vfwauxiliary.org and selecting "Member Login."

DEATH REPORT Date of Death _____

| LIFE MEMBERSHIP FEES | |
|---|-------|
| 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 |