



Post 9851 Membership Application



Yes! I want to join VFW Post 9851 and continue serving my country, my community and my fellow man.

Name: _____
Last First M.I.

Address: _____
Street City State Zip

E-mail: _____

Phone: _____ Birthdate: _____ DD214 Copy Attached: _____

SERVICE INFORMATION: Army Marine Corps Navy Air Force Coast Guard
Eligibility (choose all that apply)

- WWII Afghanistan Combat Action Ribbon SSBN Deterrent Patrol Insignia
- Korean War Iraq Expeditionary Medal Imminent Danger/ Hostile Fire Pay
- Vietnam Korean Service (7/1/49 to present) Occupation Medal
- Persian Gulf War Kosovo Other: _____

Dates of Service: _____ to _____ Service Location: _____

Name of Campaign Ribbon or Medal: _____

MEMBERSHIP TYPE (please select one)

(Make Checks Payable to **VFW Post 9851**)

ANNUAL (\$35.00)

- Please bill me annually for my membership.
- I would like to enroll in the Automatic Payment Plan.

LIFE MEMBERSHIP FEE SCHEDULE

AGE as of Dec. 31st	ONE-TIME PAYMENT	INSTALLMENT PLAN	
		INITIAL PAYMENT	11 MONTHLY
THROUGH AGE 30	\$425.00	\$45.00	\$38.64
31 – 40	\$410.00	\$45.00	\$37.27
41 – 50	\$375.00	\$45.00	\$34.09
51 – 60	\$335.00	\$45.00	\$30.45
61 – 70	\$290.00	\$45.00	\$26.36
71 – 80	\$225.00	\$45.00	\$20.45
81 and OVER	\$170.00	\$45.00	\$15.45

LIFE MEMBERSHIP (one-time)

LIFE MEMBERSHIP (installment plan)

- Please send me an invoice for my 11 monthly installments towards Life Membership.
- I would like to enroll in the Automatic Payment Plan.

Automatic Payment Plan Terms and Conditions: You authorize the VFW to initiate electronic debit entries or affect a charge by any other commercially accepted practice to your account set forth above for the payment of dues reflected on this application. You understand such charges may be made within 2-3 business days of payment due date. For installment payments, charges will be made on or around the 1st or the 15th day of the month. This authorization will remain in full force until VFW has received notification from you of its termination or upon completion of the installment payments. Annual dues are subject to change. By completing this authorization, you acknowledge that you will only receive notice when the payment would differ by more than \$10.00 from the most recent payment. Call VFW Customer Service at 1-800-963-3180 or write to VFW at: VFW, P.O. Box 119028, Kansas City, MO 64171 to inquire about or cancel a payment, or to report problems such as bank closures, lost or stolen account numbers, closed accounts, or unauthorized transactions. Cancellation requests must be received no later than 11:59 p.m. Central Time ten business days prior to the scheduled payment date. If you are unaware of the charge date for your account, please contact VFW. If a payment is returned by your financial institution (e.g., due to insufficient funds, incorrect account information, closed account, etc.) the VFW will contact you at the address we have on file for you, explaining why the payment could not be processed, and providing alternate payment options. The privilege of making payments under this agreement may be revoked by VFW if any item is not paid upon presentation. You may have additional rights and responsibilities under the Electronic Funds Transfer Act.

Life Membership Installment Plan Terms and Conditions: The VFW Life Membership installment plan allows any VFW member/applicant to purchase a Life Membership by making an initial payment of \$45.00 and (11) monthly payments. The member will be issued an Annual membership card at the time of enrollment. The member may elect to receive a monthly statement by mail or may set up a payment profile to make the monthly payment automatically using a credit/debit card or bank account. A payoff amount will be printed on each monthly invoice, allowing the member the option to pay in full. A permanent Life Membership card will be issued upon the completion of payments. The Life Membership fee is determined from the schedule using the applicant's age on December 31 of the year in which the application is submitted.

Delinquencies will be handled as follows:

Up to 30 days – continue to bill

31 to 120 days – delinquency can be corrected through make up payment(s) or plan end date pushed forward.

More than 120 days – member is dropped from the Installment Plan, all monthly payments made to date, are applied to future years annual dues.

PAYMENT INFORMATION: Check/Money Order Mastercard VISA Discover AMEX

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Amount to be charged: \$ _____

(if using Life Membership installment plan, amount is \$45.00)

VERIFICATION & SIGNATURE

I attest that by forwarding this application that I am a citizen of the United States of America and that I have confirmed my eligibility for membership in the Veterans of Foreign Wars of the United States. I further give authority to the Veterans of Foreign Wars of the United States to verify my eligibility for membership.

Signature of Applicant: _____ Date: _____