

LADIES AUXILIARY VFW CHANGE REQUEST FORM

Rev. 2-13

Member's Current Name _____ Membership ID No. _____

Current Auxiliary # _____ Department of _____

Current Address _____

E-mail Address _____ Phone Number (____) _____

NAME CHANGE Former Name _____
First Last

ADDRESS CHANGE Former Address _____

CONVERT TO LIFE MEMBER Date of Birth _____ Check here if this is a gift
 Life Membership Fee \$ _____

Payment Method: Check Visa MasterCard Discover ACH

Make check payable to: Ladies Auxiliary VFW

Credit Card Number _____
 CVV Code ____ (3 digit code shown on back of credit card) Expiration ____/____
Month Year

Attach voided check **HERE** if paying by ACH (bank withdrawal).

ACH Information: Name of Bank _____
 Bank Routing Number _____ Account No. _____

LIFE MEMBERSHIP FEES	
Attained age at 12/31 of year applying for Life Membership.	
Through 20	\$220
21-25	\$210
26-30	\$200
31-35	\$190
36-40	\$185
41-45	\$175
46-50	\$170
51-55	\$160
56-60	\$150
61-65	\$140
66-70	\$130
71-75	\$115
76-80	\$95
81-85	\$75
86-90	\$60
91 and over	\$50

LIFE MEMBER TRANSFER Transfer to Auxiliary # _____ Department _____
 Accepting Auxiliary Treasurer's Signature _____

REPLACE MY LIFE MEMBER CARD (NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK FOR \$5.00 or complete the payment information above if using a credit card or ACH.)

DEATH REPORT Date of Death _____