



**TO:** ALL WISCONSIN AUXILIARY MEMBERS  
THE NEW APPLICATION IS IN THIS MAILING

PLEASE DISCARD ALL OLD APPLICATIONS  
TREASURERS – PLEASE NOTE THE CHANGE IN  
CREDIT CARD HANDLING.

**ALL OLD APPLICATIONS** WILL NOT BE ACCEPTED  
EFFECTIVE – 1/1/2026

*PER NATIONAL HEADQUARTERS*  
THEY WILL BE RETURNED WITH A NEW APPLICATION TO  
BE COMPLETED BY THE APPLICANT  
APPLICATIONS ARE AVAILABLE ON:  
[vfwauxwi.org/Programs/Membership](http://vfwauxwi.org/Programs/Membership) or  
[vfwauxiliary.org/MALTA](http://vfwauxiliary.org/MALTA)

Any questions please contact me.  
Lenore Otto, Dept Treasurer W  
1383 W Wisconsin Ave  
Oconomowoc, WI 53066  
262-560-1222 (IF NO ANSWER PLEASE LEAVE A MESSAGE)  
[lennylavfw@yahoo.com](mailto:lennylavfw@yahoo.com)

# VFW AUXILIARY MEMBERSHIP / MEMBER TRANSFER APPLICATION

Please print legibly. An incomplete application could delay your membership start date.

**Applicant completes sections A, D or E and H,I. Auxiliaries/Departments complete section B,F,G.**

**A**

## APPLICATION INFORMATION

Name  ☐ Female ☐ Male  
Address  Date of Birth  /  /   
City  State  ZIP  Phone (  ) -  Email

**B**

Auxiliary Post No.  City  State   
☐ New Member ☐ Transferring Member ☐ Rejoining Member (Prior ID Member Number)   
☐ Member at Large in Department of  ☐ Member at Large - VFW Auxiliary National Headquarters

**C**

(Transfer only information) ☐ ANNUAL TRANSFER ☐ LIFE MEMBER TRANSFER  
Member ID  Previous Auxiliary  ☐ Paying ☐ Nonpaying

**D**

## POST-AFFILIATED (\*Must be a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)

I am the (Relationship)  to (Eligible Veteran\* Name)   
VFW Membership ID  VFW Post (Must be same as B)  VFW Member ID

**E**

## NON-AFFILIATED (\*Veteran is not a current member of the VFW Post affiliated with the Auxiliary to which you are applying.)

I am the (Relationship)  to (Eligible Veteran\* Name)   
Name of campaign ribbons or medals:   
Dates of Service:  to  Foreign Location:

**F**

Recruited/Recommended by:  Recruiter Member ID   
Check one: Aux ☐ VFW ☐

**G**

## Investigating Committee Signatures

1 ☒  2 ☒  3 ☒   
Per Section 102 of the National Bylaws. ☐ Rejected ☐ Accepted Meeting Date  Obligated Date

**H**

☐ Annual Membership ☐ Life Membership ☐ Check here if this is a gift (Membership card will be sent to Treasurer and not member.)  
Payment Method and Amount: Cash ☐ \_\_\_\_\_ Check ☐ \_\_\_\_\_ Credit Card ☐ \_\_\_\_\_ \*\*\*

\*\*\*If paying by credit card, after this application is processed, an email and/or text message will be sent to the contact information provided above for payment. Instructions in the communication for payment must be completed within 30 days or otherwise the application will be voided. If someone other than the applicant above is paying by credit card for the membership, please list your phone number and email address below to receive payment instructions once the membership application has been processed.

Phone  Email

**I**

**OBLIGATION** 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. I attest that I am at least 16 years of age. I pledge to comply with the National Bylaws of the Veterans of Foreign Wars of the United States Auxiliary. I attest I am not eligible for membership in the VFW. I further attest that the above is true and correct to the best of my knowledge, including my stated relationship to the Veteran.

Signature ☒  Date

(Must be signed by all members.)

By filing out this application and providing your contact information, you agree to receive communications from the VFW Auxiliary. The communications may include updates, promotions, and other information related to our services. Communications may be in the form of e-mails, SMS text messages, and/or automated calls. You understand that these communications may be sent using an automated telephony dialer system. Standard message and data rates may apply. You can opt-out at any time by following the instructions provided in the communications. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes.

## LIFE MEMBERSHIP FEES

Life Membership fees are not refundable.

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