

VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

<input type="checkbox"/> Annual Member	<input type="checkbox"/> Replacement Card	Old Post No. _____	<input type="checkbox"/> Report Death	_____
				(source of information)
<input type="checkbox"/> Life Member	<input type="checkbox"/> Post Transfer	New Post No. _____	<input type="checkbox"/> Accidental Death	
Member No. _____	Location _____		<input type="checkbox"/> Post AD&D Insurance	
Member Name _____				
Old Address _____				
	(STREET, CITY, STATE, ZIP)			
New Address _____				
	(STREET, CITY, STATE, ZIP)			
I certify that information submitted for the named member is correct to the best of my knowledge. I further certify that in the case of transfer, I will keep on file indefinitely form PT/MD (Post Transfer/Member Declaration), properly signed by the member and that the member was accepted by the Post under provisions of Sec. 107 national bylaws.				
Post Quartermaster (Please Sign) _____			Phone No. () _____	



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Veterans of Foreign Wars

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