

**TEMPORARY
MEMBERSHIP
CARD**

OVER ONE HUNDRED YEARS OF DEDICATED SERVICE TO OUR NATION IN TIMES OF PEACE AS IN TIME OF WAR.

TO KEEP FAITH WITH THOSE WHO FOUGHT AND DIED, WE THE LIVING WILL CONTINUE TO STRIVE FOR THE SECURITY OF OUR NATION AND THE PRESERVATION OF THE REPUBLIC.



**VETERANS OF FOREIGN WARS
of the UNITED STATES
TEMPORARY MEMBERSHIP CARD**

POST NO. _____ NO. _____

Issued to _____

**TEMPORARY
MEMBERSHIP
CARD**

OVER ONE HUNDRED YEARS OF DEDICATED SERVICE TO OUR NATION IN TIMES OF PEACE AS IN TIME OF WAR.

TO KEEP FAITH WITH THOSE WHO FOUGHT AND DIED, WE THE LIVING WILL CONTINUE TO STRIVE FOR THE SECURITY OF OUR NATION AND THE PRESERVATION OF THE REPUBLIC.



**VETERANS OF FOREIGN WARS
of the UNITED STATES
TEMPORARY MEMBERSHIP CARD**

POST NO. _____ NO. _____

Issued to _____

POST RECORD CARD

Members are added to the VFW Magazine mailing list automatically at the address shown on Part 2 of this card, which you send to National Headquarters with the dues payment. If the member later moves from that address, use the VFW ANNUAL OR LIFE MEMBER CHANGE REQUEST FORM MCR (provided in the kit) to report the new address to the Data Entry Department.

Keep this Post Record Card for your own records.

VETERANS OF FOREIGN WARS of the U.S.

POST RECORD CARD

Members are added to the VFW Magazine mailing list automatically at the address shown on Part 2 of this card, which you send to National Headquarters with the dues payment. If the member later moves from that address, use the VFW ANNUAL OR LIFE MEMBER CHANGE REQUEST FORM MCR (provided in the kit) to report the new address to the Data Entry Department.

Keep this Post Record Card for your own records.

VETERANS OF FOREIGN WARS of the U.S.

STATE	POST
NAME	
STREET	
CITY	STATE ZIP
DATE PAID	AMOUNT

STATE	POST
NAME	
STREET	
CITY	STATE ZIP
DATE PAID	AMOUNT

POST NO. _____ DEPT. _____ AMOUNT PAID: _____
MO DAY YEAR

MEMBER SS# _____ MEMBER BIRTH DATE ____/____/____

NAME _____
LAST FIRST INITIAL

STREET _____

CITY _____ STATE _____ ZIP _____

RECRUITER NO. _____ RECRUITER POST NO. _____

POST NO. _____ DEPT. _____ AMOUNT PAID: _____
MO DAY YEAR

MEMBER SS# _____ MEMBER BIRTH DATE ____/____/____

NAME _____
LAST FIRST INITIAL

STREET _____

CITY _____ STATE _____ ZIP _____

RECRUITER NO. _____ RECRUITER POST NO. _____

VETERANS of FOREIGN WARS of the U.S.

<input type="checkbox"/> NEW <small>(Has never belonged to the VFW)</small>	<input type="checkbox"/> CONTINUOUS TRANSFER	PLEASE ATTACH AN MCR FORM TO ALL CONTINUOUS OR NON- PAYING TRANSFER
<input type="checkbox"/> REINSTATED	<input type="checkbox"/> NON PAYING TRANSFER Former Member of Post No. _____ Dept. _____	

VETERANS of FOREIGN WARS of the U.S.

<input type="checkbox"/> NEW <small>(Has never belonged to the VFW)</small>	<input type="checkbox"/> CONTINUOUS TRANSFER	PLEASE ATTACH AN MCR FORM TO ALL CONTINUOUS OR NON- PAYING TRANSFER
<input type="checkbox"/> REINSTATED	<input type="checkbox"/> NON PAYING TRANSFER Former Member of Post No. _____ Dept. _____	