

Membership Application

Complete this form electronically, save a copy, and email it to adj@vfw7824.org. Do not enter a Social Security number or payment-card information. Post 7824 will contact you about eligibility records and dues.

1. PERSONAL AND CONTACT INFORMATION

FIRST NAME

MIDDLE NAME (OPTIONAL)

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

PHONE

EMAIL

STREET ADDRESS

APT / UNIT (OPTIONAL)

CITY

STATE

ZIP CODE

2. MILITARY SERVICE

BRANCH OF SERVICE (CHECK ALL THAT APPLY)

☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Space Force

SERVICE COMPONENT

☐ Active ☐ Reserve ☐ National Guard ☐ Retired ☐ Discharged

SERVICE START (MM/DD/YYYY)

SERVICE END / PRESENT

3. QUALIFYING SERVICE

VFW eligibility requires honorable service and qualifying service in a war, campaign, or expedition on foreign soil or in hostile waters. Check the evidence that applies.

☐ Authorized campaign medal or badge ☐ Hostile Fire Pay or Imminent Danger Pay

☐ Korea duty (30 consecutive or 60 non-consecutive days)

CAMPAIGN / MEDAL / LOCATION / DATES

Membership Selection & Certification

4. PRIOR MEMBERSHIP AND RECRUITER

☐ Former VFW member

VFW MEMBER ID (IF KNOWN)

☐ Transfer from another Post

CURRENT POST NUMBER

RECRUITER'S NAME (OPTIONAL)

RECRUITER'S MEMBER ID (OPTIONAL)

5. REQUESTED MEMBERSHIP

☐ Annual membership

☐ Life membership

☐ Life membership installment plan

Do not include payment information with this form. The Post Adjutant or Quartermaster will confirm eligibility, current dues, and approved payment options.

6. APPLICANT CERTIFICATION

I attest that I am a citizen or national of the United States; my qualifying military service was honorable; I have not subsequently been discharged under dishonorable conditions; and the information in this application is true and complete to the best of my knowledge. I authorize the Veterans of Foreign Wars to verify the service information used to determine my eligibility. I understand that membership is subject to the VFW Congressional Charter, National Bylaws and Manual of Procedure, and action by the Post.

☐ I have read and agree to the certification above.

TYPED FULL LEGAL NAME / ELECTRONIC SIGNATURE

DATE (MM/DD/YYYY)

Typing your full legal name and checking the acknowledgment box is intended as your electronic signature.

7. ADDITIONAL INFORMATION

COMMENTS OR QUESTIONS (OPTIONAL)

ELIGIBILITY RECORDS AND SUBMISSION

Submit the application: Save this completed PDF and email it to adj@vfw7824.org.

Eligibility records: The Adjutant will tell you how to provide a DD-214, military pay statement, or other qualifying record. Avoid sending unredacted documents until you receive instructions. Never send a Social Security number or payment-card information by email.

Eligibility reference: vfw.org/join/eligibility | Final eligibility is governed by current VFW rules.

Post Review

POST 7824 USE ONLY

This page is for the Post review committee and membership-processing team. Confirm eligibility from appropriate military documentation before acting on the application.

RECEIVED BY

DATE RECEIVED

DUES RECEIVED

ELIGIBILITY RECORDS REVIEWED

☐ DD-214 / discharge record

☐ Medal orders or award record

☐ Military pay statement

☐ Other qualifying record

OTHER RECORD DESCRIPTION

REVIEW COMMITTEE RECOMMENDATION

☐ Recommend approval

☐ Recommend rejection

REVIEW DATE

COMMITTEE MEMBER 1

COMMITTEE MEMBER 2

COMMITTEE MEMBER 3

POST PROCESSING

MEETING DATE

ACTION TAKEN

MEMBER NUMBER ASSIGNED

APPLICANT NOTIFIED BY

NOTIFICATION DATE

POST NOTES