

V F W  
NATIONAL HOME  
FOR CHILDREN



L I F E M E M B E R S H I P  
A P P L I C A T I O N

**BEING A LIFE MEMBER** or an Associate Life Member of the VFW National Home for Children is one way you can create a bond between yourself and the mission of the National Home. Your support and encouragement honors our veterans and today's military by helping their children and families in times of need.

Life Members may vote for trustees representing their National Home District and proposed by-law or articles of incorporation changes.

**MEMBER TYPE**

LIFE MEMBER<sup>1</sup> *(Post or Ladies Auxiliary number and Department required for life members.)*

VFW POST # \_\_\_\_\_ LADIES AUXILIARY # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ASSOCIATE LIFE MEMBER<sup>2</sup>

*1 Life Members must be a member in good standing of the VFW or Ladies Auxiliary or a unit of the VFW, the Ladies Auxiliary, or other nationally chartered auxiliary of the VFW.*

*2 Associate Life Members are any person or organization that does not qualify to be a Life Member.*

**MEMBER INFORMATION**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_ TITLE \_\_\_\_\_ SUFFIXES \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

RECRUITED BY \_\_\_\_\_

**DONOR INFORMATION**

SAME AS MEMBER  THIS IS A GIFT FROM

DONOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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[www.HelpHopeHonor.us](http://www.HelpHopeHonor.us)  
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Apply online at [www.vfwnationalhome.org](http://www.vfwnationalhome.org)

Mail this application to  
 VFW National Home for Children  
 3573 S Waverly Rd  
 Eaton Rapids, MI 48827  
 or call **866-483-9642** to apply

Please send me information on how I can include the National Home in my will.

Please allow 2-3 weeks for your membership certificate, card and other information to be sent.

**MAILING INFORMATION**

Mail membership materials to

MEMBER  DONOR  OTHER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**PAYMENT INFORMATION**

MEMBERSHIP FEE \$35

LIFE MEMBER PIN (*Optional*) \$5

TOTAL \$ \_\_\_\_\_

Check enclosed payable to  
**VFW NATIONAL HOME FOR CHILDREN**

Charge my  
 VISA  MASTERCARD  DISCOVER  AMEX

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

