

# LADIES AUXILIARY VFW CHANGE REQUEST FORM

Member's Current Name \_\_\_\_\_ Membership ID No. \_\_\_\_\_

Current Auxiliary # \_\_\_\_\_ Department of \_\_\_\_\_

Current Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**NAME CHANGE** Former Name \_\_\_\_\_  
First Last

**ADDRESS CHANGE** Former Address \_\_\_\_\_

**CONVERT TO LIFE MEMBER** Date of Birth \_\_\_\_\_  Check here if this is a gift

Life Membership Fee \$ \_\_\_\_\_

Payment Method: Check  Visa  MasterCard  Discover  ACH

Make check payable to: Ladies Auxiliary VFW

Credit Card Number \_\_\_\_\_  
 CVV Code \_\_\_\_\_ (3 digit code shown on back of credit card) Expiration \_\_\_\_/\_\_\_\_  
Month Year

ACH Information: Name of Bank \_\_\_\_\_  
 Bank Routing Number \_\_\_\_\_ Account No. \_\_\_\_\_

LIFE MEMBERSHIP FEES		
Attained age at 12/31 of year applying for Life Membership.		
Through 20	\$220	\$19.86 per month
21-25	\$210	\$18.96
26-30	\$200	\$18.06
31-35	\$190	\$17.15
36-40	\$185	\$16.70
41-45	\$175	\$15.80
46-50	\$170	\$15.35
51-55	\$160	\$14.44
56-60	\$150	\$13.54
61-65	\$140	\$12.64
66-70	\$130	\$11.74
71-75	\$115	\$10.38
76-80	\$95	\$8.58
81-85	\$75	\$6.77
86-90	\$60	\$5.42
91 and over	\$50	\$4.51

**INSTALLMENT PLAN**

**Prior to enrolling in the Installment Plan, current year's dues and subsequent annual dues must be paid until Plan is completed.**

I understand that if my Auxiliary has Specified Disease Insurance, I am responsible for my own yearly premium payment. I authorize the first of twelve (12) installments of \$\_\_\_\_\_ to be processed immediately with eleven (11) remaining payments to be processed on the 15<sup>th</sup> of each month.

\_\_\_\_\_  
 Signature of Member

**LIFE MEMBER TRANSFER** Transfer to Auxiliary # \_\_\_\_\_ Department \_\_\_\_\_  
 Accepting Auxiliary Treasurer's Signature \_\_\_\_\_

**REPLACE MY LIFE MEMBER CARD** (NAME CHANGES OR LOST CARD REQUESTS MUST BE ACCOMPANIED BY A CHECK FOR \$5.00 or complete the payment information above if using a credit card or ACH.)

**DEATH REPORT** Date of Death \_\_\_\_\_