## VFW POST 9433 MEMBERSHIP APPLICATION Must Include DD-214 (Blackout SS Number) — Question Call 651-470-8905

Name:	Email:					
First	Middle Initial	Last				
Address:						
Street		City			State	Zip
Dates of Service:		•		Phone:		•
Social Security Number (Op-	tional):					
Male Female	<b>Current Status:</b>	Active Duty	Vet	eran	National Gua	rd/Reserve
Military Service Branch: A	rmy Marine	es Navy [	Air Force	Coa	ast Guard	
Qualifying Forei	ign Service (Check a	ll that apply. At least one	box below must be	e checked & <u>DD</u>	-214 included)	
☐ Inherent Resolve Campaign Medal	□ Navy	& Marine Corp Expedition	nary Medal	☐ Combat Act	ion Medal	
☐ Iraq Campaign Medal		an Service Medal (1950 -	•			trol Breast Insignia
☐ Afghanistan Campaign Medal	_	Occupation Service Med	,	☐ Combat Act		ŭ
☐ Global War on Terrorism Expedition		of Occupation			dical Badge	
☐ Korean Defense Service Medal ☐ European-African-Middle Eastern C					antryman Badge	
☐ Kosovo Campaign Medal		can Defense Service (w/fore		☐ Combat Act		
☐ Southwest Asia Service Medal	☐ China	a Service		☐ USAF Expe	editionary Service	e Ribbon w/Gold
☐ Armed Forces Expeditionary Medal ☐ Asiatic – Pacific Campaign Medal				Border		
☐ Vietnam Service Medal		ican Campaign Medal		☐ Coast Guar	rd Combat Actior	n Ribbon
☐ I have served at least 30 consecutive	e or 60 nonconsecutive	e days in Korea 🗌 Hosti	le Fire / Imminent I	Danger Pay (Wh	nere)	
*Period Covered:	(Red					
*Describe Period Covered:	To: MM/YY					
New VFW Post 9433 Member	Reinstate*	Annual	Life Full Paymen	t Life	12 Month Insta	llment
Transfer* From Post No	To <b>Post 9433</b>	Member ID#		(*Re	equired for reins	stated & transfers)
I attest that I am a citizen of the United States						
dishonorable conditions. I also certify that (1) overseas in Korea or; (3) I have received Imm	1 0	,	,	,		, ( )
entitling me to membership in the Veterans of		pay. Truttilet give authority	to the veterans or r	oreign wars to ve	Thy thy honorable	Overseas service
Cianatura			Date	):		
_				MM/DD/		
VFW Post 9433 Quartermaster Sign			407	_ Date:		
	Irans	sfer complies with Se	C 10/		Annual Dues	<u>\$\$30</u>
I want to pay m	y membership fee	by credit Card.		L	ife Member sh	nip Fees
	EDOADD	DIOCOVED	AMEN İ	Attained Age		lonthly Installment Plan
U VISA MAST	ERCARD	DISCOVER	AMEX	Through Age 30		\$38.64
Cr	edit Card Number		į	31 – 40 41 – 50	\$410.00 \$375.00	\$37.27 \$34.09
			<del></del>	51 – 60	\$335.00	\$30.45
			:	61 – 70	\$290.00	\$26.36
Eve Data:	Α			71 – 80	\$225.00	\$20.45 \$15.45
Exp. Date:	<b>An</b>	nount \$	- ¦	81 Years & Ove		\$15.45 ncludes a <b>\$45</b> down
	•		-		•	with this application,
Signature:			ļ			. Installment plans are
			'			and the credit card at be completed and
Drop off completed Drop of	off or mailing address	);		signed.	ii ale rigit illus	n de completeu allu

Drop off completed form at Club, mail or scan and email

Drop off or mailing address, VFW Post 9433 2625 120<sup>th</sup> St. West Rosemount, MN 55068

Email Address: rosemountvfw@gmail.com

ormation on the right must be completed and ned .

Internet Link:
https://www.rosemountvfw.org/