

# VFW POST 9433 MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

First                      Middle Initial                      Last

Address: \_\_\_\_\_

Street                      City                      State                      Zip

Dates of Service: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: MM/YY                      To: MM/YY                      MM/DD/YYYY

Social Security Number (Optional): \_\_\_\_\_

Male     Female    **Current Status:**     Active Duty     Veteran     National Guard/Reserve  
**Military Service Branch:**     Army     Marines     Navy     Air Force     Coast Guard

**Qualifying Foreign Service** (Check all that apply. At least one box below must be checked & DD-214 included to become a VFW Post 9433 member)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Inherent Resolve Campaign Medal             | <input type="checkbox"/> Navy & Marine Corp Expeditionary Medal             | <input type="checkbox"/> Air Force Combat Action Medal                   |
| <input type="checkbox"/> Iraq Campaign Medal                         | <input type="checkbox"/> Korean Service Medal (1950 – 54)                   | <input type="checkbox"/> SSBN Nuclear Deterrent Patrol Breast Insignia   |
| <input type="checkbox"/> Afghanistan Campaign Medal                  | <input type="checkbox"/> Navy Occupation Service Medal                      | <input type="checkbox"/> Combat Action Badge                             |
| <input type="checkbox"/> Global War on Terrorism Expeditionary Medal | <input type="checkbox"/> Army of Occupation                                 | <input type="checkbox"/> Combat Medical Badge                            |
| <input type="checkbox"/> Korean Defense Service Medal                | <input type="checkbox"/> European-African-Middle Eastern Campaign           | <input type="checkbox"/> Combat Infantryman Badge                        |
| <input type="checkbox"/> Kosovo Campaign Medal                       | <input type="checkbox"/> American Defense Service (w/foreign service clasp) | <input type="checkbox"/> Combat Action Ribbon                            |
| <input type="checkbox"/> Southwest Asia Service Medal                | <input type="checkbox"/> China Service                                      | <input type="checkbox"/> USAF Expeditionary Service Ribbon w/Gold Border |
| <input type="checkbox"/> Armed Forces Expeditionary Medal            | <input type="checkbox"/> Asiatic – Pacific Campaign Medal                   | <input type="checkbox"/> Coast Guard Combat Action Ribbon                |
| <input type="checkbox"/> Vietnam Service Medal                       | <input type="checkbox"/> American Campaign Medal                            |  |
- I have served at least 30 consecutive or 60 nonconsecutive days in Korea     Hostile Fire / Imminent Danger Pay (Where) \_\_\_\_\_

**\*Period Covered:** \_\_\_\_\_ (Required for applicants with no other reported qualifying service).  
From: MM/YY                      To: MM/YY

**\*Describe Period Covered:** \_\_\_\_\_

New VFW **Post 9433** Member     Reinstate\*     Annual     Life Full Payment     Life 12 Month Installment  
 Transfer\* From Post No. \_\_\_\_\_ To **Post 9433** Member ID# \_\_\_\_\_ (\*Required for reinstated & transfers)

I attest that I am a citizen of the United States, that my Campaign Service was honorable, that I have never subsequently been discharged from military service under dishonorable conditions. I also certify that (1) I am entitled to a campaign ribbon or medal authorized by the U.S. Government base on my overseas service or; (2) I have served overseas in Korea or; (3) I have received Imminent Danger/Hostile Fire pay. I further give authority to the Veterans of Foreign Wars to verify my honorable overseas service entitling me to membership in the Veterans of Foreign Wars.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YYYY

VFW Post 9433 Quartermaster Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Transfer complies with Sec 107**

Annual Dues \$30

**I want to pay my membership fee by credit Card.**

VISA     MASTERCARD     DISCOVER     AMEX

**Credit Card Number**

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**Exp. Date:** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
MM/YY

**Signature:** \_\_\_\_\_

**Life Member ship Fees**

Attained Age	Full Payment	Monthly Installment Plan
Through Age 30	\$425.00	\$38.64
31 – 40	\$410.00	\$37.27
41 – 50	\$375.00	\$34.09
51 – 60	\$335.00	\$30.45
61 – 70	\$290.00	\$26.36
71 – 80	\$225.00	\$20.45
81 Years & Over	\$170.00	\$15.45

\* The Life Installment plan includes a \$45 down payment that must be included with this application, plus Eleven monthly payments. Installment plans are available only via credit card and the credit card information on the right must be completed and signed .

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

*Internet Link:*  
<https://www.rosemountvfw.org/>