

VFW POST 9433 MEMBERSHIP APPLICATION
Must Include DD-214 (Blackout SS Number) – Questions Call 651-470-8905

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)

- | | | |
|---|---|--|
| <input type="checkbox"/> China Service Medal | <input type="checkbox"/> Marine Corp Expeditionary Medal | <input type="checkbox"/> Combat Action Badge |
| <input type="checkbox"/> European-African-Middle Eastern Campaign Medal | <input type="checkbox"/> Vietnam Service Medal | <input type="checkbox"/> SSBN Deterrent Patrol Insignia |
| <input type="checkbox"/> American Defense Service Medal | <input type="checkbox"/> Armed Forces Expeditionary Medal | <input type="checkbox"/> Korea Defense Service Medal |
| <input type="checkbox"/> American Campaign Medal | <input type="checkbox"/> Southwest Asia Service Medal | <input type="checkbox"/> Global War On Terrorism Expeditionary Medal |
| <input type="checkbox"/> Asiatic-Pacific Campaign Medal | <input type="checkbox"/> Kosovo Campaign Medal | <input type="checkbox"/> Afghanistan Campaign Medal |
| <input type="checkbox"/> Korean Defense Service Medal | <input type="checkbox"/> Combat Infantry Badge | <input type="checkbox"/> Iraq Campaign Medal |
| <input type="checkbox"/> Army of Occupation Medal | <input type="checkbox"/> Combat Medical Badge | <input type="checkbox"/> Inherent Resolve Campaign Medal |
| <input type="checkbox"/> Navy Occupation Service Medal | <input type="checkbox"/> Combat Action Ribbon | <input type="checkbox"/> USAF Expeditionary Service Ribbon w/Gold Border |
| <input type="checkbox"/> Korean Service Medal | <input type="checkbox"/> Combat Action Medal | <input type="checkbox"/> Coast Guard Combat Action Ribbon |
| <input type="checkbox"/> Navy Expeditionary Medal | <input type="checkbox"/> Korea Duty (Service in Korea for 30 consecutive or 60 nonconsecutive days) | |
| <input type="checkbox"/> Purple Heart | <input type="checkbox"/> Hostile Fire / Imminent Danger Pay (Where) _____ | |
| | <input type="checkbox"/> Air & Space Expeditionary Service Ribbon With Gold Border | |

***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

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 .

I want to pay my membership fee by credit Card.

VISA MASTERCARD DISCOVER AMEX

Credit Card Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Exp. Date: _____ **Amount \$** _____

MM/YY

Signature: _____

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

Drop off or mailing address:
VFW Post 9433
2625 120th St. West
Rosemount, MN 55068

Email Address:
rosemountvfw@gmail.com

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