

# VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

|  |   |  |   |                         |
|--|---|--|---|-------------------------|
| <input type="checkbox"/> Annual Member | <input type="checkbox"/> Replacement Card | Old Post No. _____                           | <input type="checkbox"/> Report Death     | _____                   |
| <input type="checkbox"/> Life Member   | <input type="checkbox"/> Post Transfer    | New Post No. _____                           | <input type="checkbox"/> Accidental Death | (source of information) |
| Member No. _____                       | Location _____                            | <input type="checkbox"/> Post AD&D Insurance |   |                         |
| Member Name _____                      |   |  |   |                         |
| Old Address _____                      |   |  |   |                         |
| (STREET, CITY, STATE, ZIP)             |   |  |   |                         |
| New Address _____                      |   |  |   |                         |
| (STREET, CITY, STATE, ZIP)             |   |  |   |                         |

I certify that information submitted for the named member is correct to the best of my knowledge. I further certify that in the case of transfer, I will keep on file indefinitely form PT/MD (Post Transfer/Member Declaration), properly signed by the member and that the member was accepted by the Post under provisions of Sec. 107 national bylaws.

Post Quartermaster (Please Sign) \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_



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Veterans of Foreign Wars

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