

VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

Annual Member Replacement Card Old Post No. _____ Report Death _____
 Life Member Post Transfer New Post No. _____ Accidental Death _____ (Source of Information)
Member No. _____ Location _____ Post AD&D Insurance _____
(CITY/STATE)

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. () _____

FOR YOUR CONVENIENCE THERE ARE INSTRUCTIONS ON THE BACK OF THIS FORM

VFW FORM MCR 03/05

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Instructions for use of this form (form MCR)

1. Please type or print. Use one form per member.
2. Member's old address is required for address changes and transfers.
3. Transfers: Life and Non-pay Annual
 - a. Form PT/MD should be signed by the member and kept on file at the Post.
 - b. Member must be accepted by transfer under Sec. 107. of national bylaws.
4. DO NOT SEND CASH WITH THIS FORM.
5. Standard life membership card replaced at no cost.
6. Post Quartermaster must sign this form where indicated. Please include phone number.

**Mail completed form to:
VFW National Headquarters
Data Entry Department
406 W. 34th St., Suite 316
Kansas City, MO 64111**

Attach VFW Magazine label here for
any address change (if available).
Please do not staple or paper clip.
Thank You.

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