PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

LIFE MEMBER TRANSMITTAL

Recruited by:

Recruiter #

(Please Type or Print)

NAME (Last) (First) (Middle)	(SSN)
ADDRESS (Street Name/Number) (City or Town)	(State) (Zip)
MEMBER PHONE #	E-MAIL ADDRESS
DATE OF BIRTH / LIFE MEMBER FEE $	INSTALLMENT PLAN 12 MONTH ☐ 24 MONTH ☐

COMPLETE THIS SECTION ONLY IF PAYING BY CHARGE CARD.

Check one: ❑ MASTERCARD ❑ VISA ❑ DISCOVER ❑ AMEX EXPIRATION DATE _____

Credit Card No.

VFW POST NO.	CURRENT OR FORMER MEMBERSHIP NO.

Please add the last Three numbers that appear in the signature block on the back of your charge card.

For American Express Please add the 4 numbers printed on the front of your card on right side.

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