

VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

Annual Member Replacement Card Old Post No. _____ Report Death _____
 Life Member Post Transfer New Post No. 5594 Accidental Death _____ (Source of Information)
Member No. _____ Location Upton, MA 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. (508) 529-3314

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

VFW FORM MCR 03/05

VFW Post Transfer - Member Declaration

"I hereby certify that it is my desire to transfer my VFW Membership

from VFW Post No. _____ located in _____,

to VFW Post No. 5594 located in Upton, MA.

I further certify that I am not indebted to my former post, be it through oral or written commitment or otherwise, and that, to the best of my knowledge, no written charges have been preferred against me by my former post, and I understand that any such indebtedness or charge which may be disclosed any time hereafter will render this transfer null and void."

Member's Name: _____ Date: _____

Member's Signature: _____

To Post Quartermaster: Retain this completed card at the post indefinitely. DO NOT FORWARD to National.

VFW Form PT-MD (03/06)

ADDITIONAL INFORMATION REQUIRED:

ATTACHMENTS REQUIRED (COPIES):

DATE OF BIRTH: _____
MONTH / DAY / YEAR

CURRENT MEMBERSHIP CARD

DD 214 FORM

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

APPLICATION RECEIVED BY: _____

DATE: _____