



VFW Post 5864 Membership Application

Yes! I want to join Greenwood Memorial VFW Post 5864 Recruiter _____

(Please enter your **Personal Information** below)

Recruiter's # _____

Name _____ Male Female
Last First MI

Address _____
Street City State Zip Code

E-mail _____ Phone _____

Service Information

Birthdate _____

Branch of Service: Army Marine Corps Navy Air Force Coast Guard

Eligibility: WW-II Afghanistan Combat Action Ribbon SSBN
 Korean War Iraq Expeditionary Medal Vietnam
 Occupation Persian Gulf Korea (7-1-49 to Present) Kosovo
 Imminent Danger/Hostile Fire Pay Other _____

Overseas from _____ to _____ Location _____

Name of Campaign Ribbon or Medal _____

Membership Type

Annual -- \$35.00 Life Member (One Time Fee) Life Member (Installment Plan)

Payment Information -- Make checks out to VFW Post 5864

Check / Money Order Mastercard VISA Other _____

Card # _____ Expiration Date _____

Cardholder's Name _____ Amount to be Charged \$ _____

Verification & Signature -- I attest that by completing and signing this application that I am a citizen of the United States of America and that I will confirm my eligibility for membership for the Greenwood Memorial Veterans of Foreign Wars Post 5864 by providing and / or submitting a DD-214 or equivalent documents showing that I served in an area as described above.

Signature of Applicant _____ Date _____

**Please mail or bring this Membership Application to Greenwood VFW Post 5864
located at 333 S. Washington St., Greenwood, IN 46143**