

Veterans of Foreign Wars of the United States

By-Laws

ARTICLE XIII – MEN'S AUXILIARY

Sec. 1301 – Formation.

A Post, if the By-Laws of the Department having jurisdiction so provide, may form an association separately constituted as a subordinate unit. The Department in which the Post is located shall charter such unit. Such association shall be subject to the rules established by the respective Department Convention, Department Commander and Post.

Sec. 1302 – Eligibility.

Membership in the Men's Auxiliary to the Veterans of Foreign Wars shall be limited to husbands, widowers, fathers, grandfathers, sons, grandsons, brothers and half-brothers, who attained that status prior to age sixteen (16) of persons who were or are eligible for membership in the Veterans of Foreign Wars of the United States. Members must not be less than sixteen (16) years old.

Persons eligible for membership in the Veterans of Foreign Wars of the United States shall not be eligible for membership in the Men's Auxiliary.

Service to the Community

New Auxiliaries serve to benefit the communities in which they are established by carrying on various programs sponsored by the Veterans of Foreign Wars. All communities, large or small, are receptive to an organization that serves their community. The VFW and its Auxiliaries are well known for sponsorship of the Voice of Democracy Contest, Patriot's Pen Contest, Flag Presentations, Citizenship Education, Community Service, Safety, Youth Activities, Hospital, Military and Veterans Assistance, and other worthwhile programs and projects. These outstanding programs display the unselfish devotion that members of our organization feel towards our country.

TEMPORARY RECEIPT

Date _____

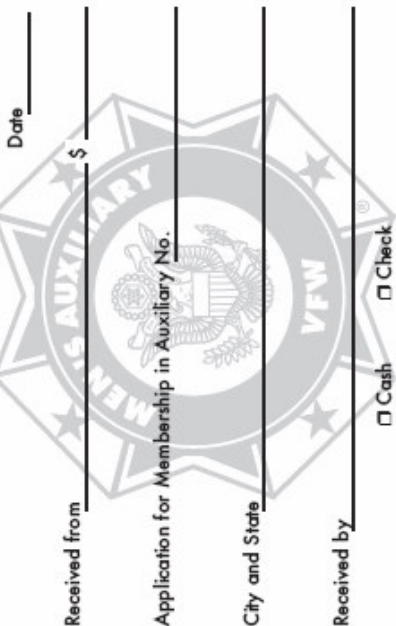
Received from _____ \$ _____

Application for Membership in Auxiliary No. _____

City and State _____

Received by _____

Cash Check



MEN'S AUXILIARY MEMBERSHIP APPLICATION

New Reinstated Transfer Aux. No. _____

I hereby apply for:

Annual membership in Auxiliary No. _____ located _____ (City) _____ (State)

Name _____ (Last) _____ (First) _____ (Middle) Date of Birth: ____/____/____ MM/DD/YY

Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip) Phone (____) _____

Relationship _____ to _____, member of VFW Post No. _____

I am a current/former member of Auxiliary No. _____

City _____ State _____ Membership No. _____



Applicant's signature _____ Date Signed _____

THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK