



# VFW MEMBERSHIP APPLICATION

## Woodridge Memorial Post #1578

Yes! I want to join the VFW as a member of the Woodridge Veterans of Foreign Wars Post #1578

**Please enter your personal information: (PLEASE NOTE: This is required information)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Service Number or SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Overseas from: \_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yy)

Service location: \_\_\_\_\_

Name of Campaign Medal: \_\_\_\_\_

**If you are on active duty, please fill in your permanent hometown address:**

Same as above OR

Street Address \_\_\_\_\_ City \_\_\_\_\_

State, Zip \_\_\_\_\_

**Service information:**

Branch of Service (choose one)

Eligibility (choose one)

\_\_\_\_\_ Air Force

\_\_\_\_\_ WW II

\_\_\_\_\_ Campaign Medal

\_\_\_\_\_ Army

\_\_\_\_\_ Korea

\_\_\_\_\_ CIB/CMB

\_\_\_\_\_ Coast Guard

\_\_\_\_\_ Vietnam

\_\_\_\_\_ Combat Action Ribbon

\_\_\_\_\_ Marine Corps

\_\_\_\_\_ Desert Storm

\_\_\_\_\_ Imminent danger pay

\_\_\_\_\_ Navy

\_\_\_\_\_ Expeditionary Medal

\_\_\_\_\_ Other

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Please enclose proof of eligible overseas duty, i.e. DD214, copy of orders, letter from Company Commander, etc. **Include no payment, as first year's dues will be paid by the Woodridge VFW.**

Mail form to:

Recruited by:

Woodridge Memorial VFW Post #1578  
P.O. Box 8219  
Woodridge, IL 60517

Member name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_