

## VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

Annual Member       Replacement Card      Old Post No. \_\_\_\_\_       Report Death \_\_\_\_\_  
 Life Member       Post Transfer      New Post No. \_\_\_\_\_       Accidental Death \_\_\_\_\_ (Source of Information)  
Member No. \_\_\_\_\_      Location \_\_\_\_\_       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. (    ) \_\_\_\_\_

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

VFW FORM MCR 03/05

## VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

Annual Member       Replacement Card      Old Post No. \_\_\_\_\_       Report Death \_\_\_\_\_  
 Life Member       Post Transfer      New Post No. \_\_\_\_\_       Accidental Death \_\_\_\_\_ (Source of Information)  
Member No. \_\_\_\_\_      Location \_\_\_\_\_       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. (    ) \_\_\_\_\_

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

VFW FORM MCR 03/05

## VFW ANNUAL/LIFE MEMBER CHANGE REQUEST FORM

Annual Member       Replacement Card      Old Post No. \_\_\_\_\_       Report Death \_\_\_\_\_  
 Life Member       Post Transfer      New Post No. \_\_\_\_\_       Accidental Death \_\_\_\_\_ (Source of Information)  
Member No. \_\_\_\_\_      Location \_\_\_\_\_       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. (    ) \_\_\_\_\_

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

VFW FORM MCR 03/05

### **Instructions for use of this form (form MCR)**

1. Please type or print. Use one form per member.
2. Member's old address is required for address changes and transfers.
3. Transfers: Life and Non-pay Annual
  - a. Form PT/MD should be signed by the member and kept on file at the Post.
  - b. Member must be accepted by transfer under Sec. 107. of national bylaws.
4. DO NOT SEND CASH WITH THIS FORM.
5. Standard life membership card replaced at no cost.
6. Post Quartermaster must sign this form where indicated. Please include phone number.

**Mail completed form to:  
VFW National Headquarters  
Data Entry Department  
406 W. 34th St., Suite 316  
Kansas City, MO 64111**

Attach VFW Magazine label here for  
any address change (if available).  
Please do not staple or paper clip.  
*Thank You.*

### **Instructions for use of this form (form MCR)**

1. Please type or print. Use one form per member.
2. Member's old address is required for address changes and transfers.
3. Transfers: Life and Non-pay Annual
  - a. Form PT/MD should be signed by the member and kept on file at the Post.
  - b. Member must be accepted by transfer under Sec. 107. of national bylaws.
4. DO NOT SEND CASH WITH THIS FORM.
5. Standard life membership card replaced at no cost.
6. Post Quartermaster must sign this form where indicated. Please include phone number.

**Mail completed form to:  
VFW National Headquarters  
Data Entry Department  
406 W. 34th St., Suite 316  
Kansas City, MO 64111**

Attach VFW Magazine label here for  
any address change (if available).  
Please do not staple or paper clip.  
*Thank You.*

### **Instructions for use of this form (form MCR)**

1. Please type or print. Use one form per member.
2. Member's old address is required for address changes and transfers.
3. Transfers: Life and Non-pay Annual
  - a. Form PT/MD should be signed by the member and kept on file at the Post.
  - b. Member must be accepted by transfer under Sec. 107. of national bylaws.
4. DO NOT SEND CASH WITH THIS FORM.
5. Standard life membership card replaced at no cost.
6. Post Quartermaster must sign this form where indicated. Please include phone number.

**Mail completed form to:  
VFW National Headquarters  
Data Entry Department  
406 W. 34th St., Suite 316  
Kansas City, MO 64111**

Attach VFW Magazine label here for  
any address change (if available).  
Please do not staple or paper clip.  
*Thank You.*