

**APPLICATION FOR ASSOCIATED AFFILIATION WITH SOUTH MOUNTAIN POST 6771,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES, 22 FRANKLIN STREET  
DILLSBURG PA. 17019**

**A REGULAR VFW MEMBER OF POST #6771 MUST SPONSOR THE APPLICANT AND MUST ATTEND THE MEETING WHEN THE APPLICATION IS READ AND THE MEETING WHEN APPLICATION IS VOTED ON OR THE APPLICATION WILL BE REJECTED.**

**SPONSORED BY REGULAR VFW MEMBER OF POST #6771** \_\_\_\_\_

**SPONSOR'S NAME**

**DATE OF SPONSORSHIP** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*PRINT CLEARLY\*\*\***

\_\_\_\_\_  
**APPLICANT LAST NAME**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**MI**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY/TOWN**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP CODE**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**AGE**

\_\_\_\_\_  
**OCCUPATION**

\_\_\_\_\_  
**PRESENT EMPLOYER**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (CIRCLE ONE) **YES NO**

HAVE YOU EVER BEEN CONVICTED OF A DRUG OFFENSE? (CIRCLE ONE) **YES NO**

ARE YOU CURRENTLY A MEMBER OF ANOTHER VFW POST?

**IF YES, POST #** \_\_\_\_\_ **LOCATION OF POST** \_\_\_\_\_

WERE YOU A REGULAR MEMBER OR AN ASSOCIATE (SOCIAL) MEMBER? \_\_\_\_\_

**VETERANS PLEASE FILL OUT THIS SECTION (ASSOCIATE VETERAN)**

HAVE YOU EVER BEEN A MEMBER OF THE UNITED STATES ARMED FORCES IN ANY CAPACITY? \_\_\_\_\_

**IF YES, BRANCH** \_\_\_\_\_ **TYPE OF DISCHARGE** \_\_\_\_\_

LOCATION OF OVERSEAS TOURS \_\_\_\_\_

MEDALS AWARDED \_\_\_\_\_

**NON VETERANS PLEASE FILL OUT THIS SECTION (ASSOCIATE FAMILY)**

ARE YOU RELATED TO SOMEONE WHO HAS RECEIVED AN HONORABLE DISCHARGE OR IS

CURRENTLY IN THE UNITED STATES ARMED FORCES? **YES NO BRANCH** \_\_\_\_\_

\_\_\_\_\_  
**NAME OF VETERAN**

\_\_\_\_\_  
**RELATIONSHIP TO YOU**

ARE THEY A MEMBER OF ANY VFW POST **IF YES, POST#** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**I UNDERSTAND THAT ANY FALSIFICATION OF THIS INFORMATION WILL RESULT IN THE IMMEDIATE TERMINATION OF MY MEMBERSHIP IN THIS POST. I ALSO UNDERSTAND THAT MY MEMBERSHIP IS A PRIVILEGE AND MAY BE WITHDRAWN AT ANY TIME WITHOUT REDRESS. BY MY SIGNATURE OF THIS APPLICATION I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THIS ORGANIZATION AND CONFIRM THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE (MM/DD/YY)**

**MEMBERSHIP FEES/DUES: \$50.00 INITIAL AND \$35.00 YEARLY RENEWAL**

**\*\*\*FEES OR DUES ARE NOT TAX DEDUCTIBLE\*\*\***