

POST RECORD CARD ☆

STATE _____ POST _____		
NAME _____		
STREET _____		
CITY _____	STATE _____	ZIP _____
DATE PAID _____	AMOUNT _____	

Members are added to the VFW Magazine mailing list automatically at the address shown on Part 2 of this card, which you send to National Headquarters with the dues payment. If the member later moves from that address, use the VFW ANNUAL OR LIFE MEMBER CHANGE REQUEST-FORM MCR (provided in the kit) to report the new address to the Data Entry Department.

Keep this Post Record Card for your own records.

VETERANS OF FOREIGN WARS of the U.S.

POST NO. \_\_\_\_\_ DEPT. \_\_\_\_\_

MEMBER SS# \_\_\_\_\_ MEMBER BIRTH DATE \_\_\_\_\_ MO / DAY / YEAR

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RECRUITED BY \_\_\_\_\_ POST NO. \_\_\_\_\_

**VETERANS of FOREIGN WARS of the U.S.**

<input type="checkbox"/> NEW (Has never belonged to the VFW.)  <input type="checkbox"/> CONTINUOUS (belonged to this Post in 2000.)  THIS CARD REPLACES 2001 CARD NO. _____	<input type="checkbox"/> REINSTATED  <input type="checkbox"/> CONTINUOUS TRANSFER  <input type="checkbox"/> NON PAYING TRANSFER Former member of POST NO. _____ DEPT. _____	<p><b>PLEASE ATTACH A MCR FORM TO ALL CONTINUOUS OR NON PAYING TRANSFER</b></p>
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Please furnish all information requested  
see reverse for instruction.

FORM D-2