



VETERANS OF FOREIGN WARS

VFW Post 3137

VFW ANNUAL / LIFE MEMBER CHANGE REQUEST FORM

Annual Member _____ Replacement Card _____ Old Post No. _____ Report Death _____
Life Member _____ Post Transfer _____ New Post No. _____ (Source of information) _____
Accidental Death _____
Post AD&D Insurance _____

Member No. _____ Location (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/MO (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 Number _____