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 For office use only  
 VFWMG Membership #

## New Member Application

**This form is to be submitted by a Unit Officer, not an individual member.**

\$5 Annual Membership Dues  
 \$5 Annual Maintenance Fee for Life Members

Mail Application and Check to:  
 VFW Department of Texas Motorcycle Group  
 Attn: Norm Brawner - Secretary/Treasurer  
 PO Box 1650 Willis, TX 77378-1650

<b>Unit Submitted Information:</b>
Amt: _____
Check # _____
Date: _____

*Date of Transmittal	Date: _____  <b>Sponsor/Mentor</b>  _____  New Member has been presented a copy of the GOMU. Yes or No (Circle One)
*Submitting Unit # and Location	
*New Member Name:	
*Road Name or Nickname:	
*Street Address	*VFW/AUX (Circle One) <span style="color: red;">(Card will not be printed without #)</span> Membership Number:
*City, State and Zip:	*Post/Auxiliary Number and Location:
*Phone Number:	*This Member is a Post/Auxiliary Life Member: Y or N (Circle One) <span style="color: red;">(Will be classified as Annual if not circled)</span>
*Email:	*This Member is a Unit Life Member: Y or N (Circle One) <span style="color: red;">(Will be classified as Annual if not circled)</span>
Are you a ride and have an M endorsement on your license: Y or N (Circle One)	VFWMG Number (will be listed when confirmation is returned):
<b>*Application Submitted By:</b>	<b>Include copy of DL w/Motorcycle Endorsement (If Applicable) (Officers &amp; Charter Members Only)</b>
<b>*Submitter's Phone Number:</b>	<b>*Submitter's E-mail Address:</b>
Additional Information and Comments:	I have read and agree to abide by the VFW Motorcycle Group By-Laws. I have received a copy of the VFW Motorcycle By-Laws.  Sign _____ Date _____  <b>Dues Paid: (Circle One) Annual (\$ 20)          Life (\$100)</b>

Keep a copy, send a copy.

Rev: 10/24/16