



## AUTHORIZATION REQUEST

TO: QUARTERMASTER GENERAL, NATIONAL HEADQUARTERS      DATE: \_\_\_\_\_  
VETERANS OF FOREIGN WARS OF THE UNITED STATES

I request written permission to use the following emblem and/or name exclusively for the purpose listed below:

- |   |  |
|---|--|
| <input type="checkbox"/> 'Veterans of Foreign Wars of the United States' Name | <input type="checkbox"/> 'Veterans of Foreign Wars of the U.S.' Name |
| <input type="checkbox"/> 'Veterans of Foreign Wars, U.S.' Name                | <input type="checkbox"/> 'Veterans of Foreign Wars' Name             |
| <input type="checkbox"/> 'VFW' Acronym  | <input type="checkbox"/> VFW Cross of Malta                          |
| <input type="checkbox"/> Other: _____   |  |

Reason for Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

File Format (jpg, tif, pdf): \_\_\_\_\_      Color Version (1 color, 2 color, full color): \_\_\_\_\_

I understand that any use of the VFW Emblem and/or VFW name requires prior written permission from the Quartermaster General of the Veterans of Foreign Wars of the United States. I understand that the use of the VFW Emblem and VFW name are the exclusive rights of the Veterans of Foreign Wars of the United States and any unauthorized use is a violation of federal law. I understand that the authorization, if given, may not be transferred and is subject to revocation at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Title

Post     County Council     District     Department     Conference     Other: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail Address

**Please return completed form to:**

Quartermaster General  
VFW National Headquarters  
406 West 34<sup>th</sup> Street, 11<sup>th</sup> Floor  
Kansas City, MO 64111  
E-mail: [qmgeneral@vfw.org](mailto:qmgeneral@vfw.org)  
Fax: (816) 968-1189