



DuPage Memorial Post 2164 / Wheaton, Illinois

Membership Form

Friends of VFW Post 2164

NAME _____ DATE _____

ADDRESS _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SPONSORED BY _____

SPONSOR'S SIGNATURE _____

Did you or a member of your family (parents, grandparents, siblings, or children) serve in the armed forces?

YES NO If YES, which family member(s)? _____

BRANCH OF SERVICE(S) _____

SERVICE DATES (from) _____ (to) _____

I am willing to help with the following functions:

Vegas Night Post Picnic Bingo Children's Parties Breakfast Other

I am unable to help with functions because _____

I fully understand that DuPage Memorial Post 2164 is a zero-tolerance organization and that I will abide by all rules and regulations set forth.

SIGNATURE _____ DATE _____

APPLICATION APPROVED APPLICATION DISAPPROVED

REASON _____

BOARD PRESIDENT SIGNATURE _____ DATE _____

DONATION ACCEPTED (\$30.00)

Friends of VFW Post 2164

NAME _____ DATE _____

SIGNATURE _____ SPONSOR'S SIGNATURE _____

This ID must be carried at all times and presented upon request.

DU PAGE MEMORIAL POST 2164 / 0N731 PAPWORTH / WHEATON, ILLINOIS 60187
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