



Brunswick VFW Post 9520 Social Membership Form

Name (Last, first): _____

Address: _____

Phone: _____

Email: _____

Veteran? Yes _____ No _____ Branch: _____

Initial _____ Renewal _____ Amount paid \$ _____ Date paid _____

Sponsor: _____

Approver: _____ Key Car #: _____

Brunswick VFW Post 9520 Social Membership Renewals

Date: _____ Amount paid: \$ _____ Key Card: _____

Verify information: Yes _____ Approver: _____

Date: _____ Amount paid: \$ _____ Key Card: _____

Verify information: Yes _____ Approver: _____

Date: _____ Amount paid: \$ _____ Key Card: _____

Verify information: Yes _____ Approver: _____

Date: _____ Amount paid: \$ _____ Key Card: _____

Verify information: Yes _____ Approver: _____

Date: _____ Amount paid: \$ _____ Key Card: _____

Verify information: Yes _____ Approver: _____

Date: _____ Amount paid: \$ _____ Key Card: _____

Verify information: Yes _____ Approver: _____