	VFW ANNUAL/LI	FE MEMBEF	CHANGE	REQUEST FORM	
O Annual Member	O Replacement Card	Old Post No.		O Report Death	
O Life Member	O Post Transfer	New Post No.		O Accidental Death	(Source of Information)
Member No.				_ O Post AD&D Insurance	
					H C A
Old Address	ET, CITY, STATE, ZIP)				
New Address					VETERANS OF FOREIGN WARS
I certify that informatic I will keep on file inde accepted by the Post u	ET, CITY, STATE, ZIP) on submitted for the named me efinitely form PT/MD (Post Tra Inder provisions of Sec. 107 na	nsfer/Member Deo itional bylaws.	claration), properly	y signed by the member and	that the member was
Post Quartermaster	(Please Sign)			Phone No. ()
	FOR YOUR CONVENIENCI	E THERE ARE INS	RUCTIONS ON TI	HE BACK OF THIS FORM	VFW FORM MCR 03/05
O Annual Marshar	VFW ANNUAL/LI			e	
O Annual Member	O Replacement Card	Old Post No.		O Report Death	(Source of Information)
O Life Member	○ Post Transfer	New Post No.		 O Accidental Death O Post AD&D Insurance 	
Member No		Location	(CITY/STATE)		
Member Name					E
Old Address					
(STRE	ET, CITY, STATE, ZIP)				VETERANS OF FOREIGN WARS
(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/MD (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 No. ()
	FOR YOUR CONVENIENCI	E THERE ARE INST	RUCTIONS ON TI	HE BACK OF THIS FORM	VFW FORM MCR 03/05
◯ Annual Member	VFW ANNUAL/LI			e	
O Life Member	O Post Transfer				(Source of Information)
		Location		O Post AD&D Insurance	
Mombor Nomo			(CITY/STATE)	_	
Old Address					
	ET, CITY, STATE, ZIP)				VENAZ
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Post Quartermaster (Please Sign)				Phone No. ()

FOR YOUR CONVENIENCE THERE ARE INSTRUCTIONS ON THE BACK OF THIS FORM VFW FORM MCR 03/05

Instructions for use of this form (form MCR)

- 1. Please type or print. Use one form per member.
- 2. Member's old address is required for address changes and transfers.
- 3. Transfers: Life and Non-pay Annual
 - a. Form PT/MD should be signed by the member and kept on file at the Post.

b. Member must be accepted by transfer under Sec. 107. of national bylaws.

- 4. DO NOT SEND CASH WITH THIS FORM.
- 5. Standard life membership card replaced at no cost.
- 6. Post Quartermaster must sign this form where indicated. Please include phone number.

Mail completed form to: VFW National Headquarters Data Entry Department 406 W. 34th St., Suite 316 Kansas City, MO 64111

Attach VFW Magazine label here for any address change (if available). Please do not staple or paper clip. *Thank You.*

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