

Half price life membership program

Name: _____

Membership # _____

Post # _____ Half Life Membership Amount \$ _____

Phone # _____

Email _____

Credit card # _____

Name on Card _____

Expiration date _____

3-digit code _____

Zip code _____

Submit this form via email to **adjutant@njvfw**

Or mail with check or credit card information to the State Q/M at his home:

Ken Hagemann
140 Bass Rd
Tuckerton NJ 08087

Any questions can be directed to 609-393-1929 or adjutant@njvfw.com