



2023-24 Half Price Life Membership Program

Name: _____

Membership # _____

Post # _____ Half Life Membership Amount \$ _____

Phone # _____

Email _____

Credit card # _____

Name on Card _____

Expiration date _____

3-digit code _____

Billing Zip code _____

New members **must submit a full application!**

Submit this form via email to office@njvfw.com

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 office@njvfw.com