



2025-26 Half Price Life Membership Incentive

(AVAILABLE UNTIL BUDGET IS REACHED)

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 Helen at office@njvfw.com

Or mail with check or credit card information to the State HQ at:

VFW Dept of NJ
171 Jersey St
Bldg 5 Floor 2
Trenton NJ 08611

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