

# 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 \_\_\_\_\_

**Submit this form via email to [adjutant@njvfw.com](mailto:adjutant@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 [adjutant@njvfw.com](mailto:adjutant@njvfw.com)**