

Two years for one annual membership program

Name: _____

Membership # _____

Post # _____ Post dues amount \$ _____

Phone # _____

Email _____

Credit card # _____

Name on Card _____

Expiration date _____

3 digit code _____

Zip code _____

Return this form electronically on the webpage

Or email to adjutant@njvfw

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

140 Bass Rd

Tuckerton NJ 08087

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