



DuPage Memorial Post 2164 / Wheaton, Illinois

Membership Information

Men's Auxiliary

The Men's Auxiliary of Wheaton VFW Post 2164 is very active in supporting the veteran assistance programs and local community activities of the Post. Wherever and whenever the Post needs help, our men are ready to lend a hand.

You are eligible to become a member of our Men's Auxiliary if you:

1. Are a male over the age of 21
2. Are the son, husband, brother, father, grandfather, grandson of an eligible veteran (one who has served in the Armed Forces in an overseas conflict), either living or deceased
3. Complete the application form
4. Provide proof of sponsorship eligibility (usually a copy of your relative's DD-214, which is the separation paper from the military)
 - If not available from your relative, a copy of his or her DD-214 may be obtained from the National Archives website at <http://www.archives.gov/veterans/military-service-records>
5. Submit the completed application, proof of sponsorship eligibility, along with \$35 for yearly dues to DuPage Memorial Post 2164, 0N731 Papworth Avenue, Wheaton, IL 60187.

For more information, please call the Post at (630) 668-8756 and ask for a Men's Auxiliary representative. Or email us at vfwpost2164@yahoo.com.

Thank you for your interest in volunteering your time and talents to the Wheaton VFW!






Men's Auxiliary of DuPage Memorial Post 2164

MEMBERSHIP APPLICATION

Submit this form and proof of sponsorship eligibility, along with \$35 for yearly dues, to DuPage Memorial Post 2164, 0N731 Papworth Avenue, Wheaton, IL 60187.

<p style="text-align: center;">TEMPORARY RECEIPT</p> <p>Date _____</p> <p>Received from _____ \$ _____</p> <p>Application for Membership in Auxiliary No. <u>DuPage Memorial Post 2164</u></p> <p>City and State <u>Wheaton, Illinois</u></p> <p>Received by _____</p> <p style="text-align: right;"><input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>MEN'S AUXILIARY MEMBERSHIP APPLICATION</p> <p style="text-align: right;"><input type="checkbox"/> New <input type="checkbox"/> Reinstated <input type="checkbox"/> Transfer Aux. No. _____</p> <p>I hereby apply for: Annual membership in Auxiliary No. <u>Post 2164</u> located in <u>Wheaton, Illinois</u> <small>(City) (State)</small></p> <p>Name _____ Date of Birth: ____/____/____ <small>(Last) (First) (Middle) MM/DD / YY</small></p> <p>Address _____ Phone (____) _____ <small>(Number and Street) (City) (State) (Zip)</small></p> <p>Relationship _____ to _____ Email _____ _____, member of VFW Post No. _____</p> <p><input type="checkbox"/> I am a current/former member of Auxiliary No. _____</p> <p>City _____ State _____ Membership No. _____</p> <p style="text-align: center;"></p> <p>Applicant's signature _____ Date Signed _____</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">THIS IS A PERMANENT RECORD - PLEASE PRINT IN INK</p>
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