

**RECRUITER FORM  
NEW VFW MEMBERS**

Year 20\_\_ thru 20\_\_

VFW POST # \_\_\_\_\_

DATE: \_\_\_\_\_

VFW Post Quartermaster: \_\_\_\_\_

New VFW Member #	Name	Recruiter Name	VFW or AUX

Send this form to: **VFW Department of Colorado**  
1400 Carr Street  
Lakewood, CO 80214

**Fax:** 303-421-1727

**Email:** [bruce@vfwcolodept.org](mailto:bruce@vfwcolodept.org)