



AUTHORIZATION REQUEST

TO: QUARTERMASTER GENERAL, NATIONAL HEADQUARTERS
VETERANS OF FOREIGN WARS OF THE UNITED STATES

DATE: _____

I request written permission to use the following emblem and/or name exclusively for the purpose listed below:

- 'Veterans of Foreign Wars of the United States Auxiliary' Name
- Veterans of Foreign Wars of the United States Auxiliary Cross of Malta
- Other: _____

Reason for Use: _____

When: _____

Where: _____

File Format (jpg, tif, pdf): _____ Color Version (1 color, 2 color, full color): _____

I understand that any use of the VFW Auxiliary Emblem and/or VFW Auxiliary name requires prior written permission by the Quartermaster General of the Veterans of Foreign Wars of the United States. I understand that the use of the VFW Auxiliary Emblem and VFW Auxiliary name are the exclusive rights of the Veterans of Foreign Wars of the United States and any unauthorized use is a violation of federal law. I understand that the authorization, if given, may not be transferred and is subject to revocation at any time.

Signature

Printed Name & Title

Post County Council District Department Conference Other: _____

Street Address

City, State & Zip

Phone #

Fax #

E-mail Address

Please return completed form to:

Quartermaster General
VFW National Headquarters
406 West 34th Street, 11th Floor
Kansas City, MO 64111
E-mail: qmgeneral@vfw.org
Fax: (816) 968-1189