APPLICATION FOR LOCAL AUXILIARY MEMBERSHIP

BLET AUXILIARY

Date: _____

Please check the appropriate selections to indicate the type of membership for which you are applying:

____ Member of Local Auxiliary No. _____

____ Associate Member of Local Auxiliary No. _____

Retired and over 60? Yes ____ No ____ ____ Widow ____Widower

A $10.00 Application Fee must accompany this Application. Local Auxiliary Dues is $50.00 for active members, plus any additional dues required by the local auxiliary, or $25.00 for retired members over 60, widows, or widowers, plus any additional dues required by the local auxiliary.

I, the undersigned, hereby present myself as a candidate for admission to the BLET Auxiliary. If accepted, I promise to abide by all laws, rules and regulations of the organization that are now in effect, or may hereafter be enacted.

Applicant: Printed Name: _____

Address: _____

City/State/Zip: _____

Phone No. (_____) _____

E-mail Address: _____

Date of Birth: _____

Signature: _____

Applicant Recommended by (sponsor): _____

My sponsor is my:

___ Husband ___ Wife ___ Father ___ Mother ___ Son ___ Daughter ___ Other

Sponsor is a member of Div./Aux. _____, City _____, State _____

Sponsor's Name: _____

Address: _____

_____

Division Number if applicable: _____

Please return completed application, application fee, and dues to your local auxiliary secretary.

Rev. February 2016