

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: _____ Division Number if
Address: _____ applicable: _____

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