BLET AUXILIARY
APPLICATION FOR LOCAL AUXILIARY MEMBERSHIP

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 $55.00 for active members, plus any additional dues required by the local auxiliary, or $27.00 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.

Rev. Oct. 2018