

- New Auxiliary Applicant  
  Re-Enrolled Auxiliary Applicant  
  Auxiliary Dual Application  
  Auxiliary Charter Applicant

APPLICATION FOR AUXILIARY MEMBERSHIP

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
First MI Last Suffix mm dd yyyy

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

- Have you ever applied for membership and were rejected? If yes where? \_\_\_\_\_
  - Have you ever been convicted of a felony? (WI, HI, Canada excluded) Y or N \_\_\_\_\_
- If you have ever been a member of this Order before, the following questions must be answered.**
- I formerly belonged to Aerie/Aux. No. \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_
  - The reason for terminating my membership was \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Included with my fees is a donation of \_\_\_\_\_ to The Fraternal Order of Eagles Diabetes Research Center.

Fraternal Order of Eagles Initiation Fee Receipt

Applicant's Name

Amount Received

First Proposer: \_\_\_\_\_ Aux. No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Grand Aerie I.D. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Second Proposer: \_\_\_\_\_ Aux. No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Grand Aerie I.D. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_

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 TO BE FILLED IN BY MADAM SECRETARY  
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Application submitted on \_\_\_\_\_ Month / Day / Year  
 Elected to membership on \_\_\_\_\_  
 Date Initiated \_\_\_\_\_

Madam Secretary \_\_\_\_\_

We, your Committee have interviewed the above-named applicant on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Committee Members: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auxiliary No. \_\_\_\_\_

Received By \_\_\_\_\_

Date \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_