

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

APPLICATION FOR AERIE MEMBERSHIP

Name _____ First _____ MI _____ Last _____ Suffix _____ Date of Birth _____ Age _____

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 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: Aerie No. _____
 Name _____
 Grand Aerie I.D. _____
 Address _____

 City _____ State/Prov. _____ Zip Code _____

Second Proposer: Aerie No. _____
 Name _____
 Grand Aerie I.D. _____
 Address _____

 City _____ State/Prov. _____ Zip Code _____

 TO BE FILLED IN BY WORTHY SECRETARY

APPLICATION APPROVED FOR

- Beneficial Membership or
- Non-Beneficial Membership

Application submitted on _____ Month Day Year
 Elected to membership on _____
 Date Initiated _____
 Worthy Secretary _____

We, your Committee have interviewed the above-named applicant and recommend that he/she be

- Accepted
- Rejected
- Re-Enrolled

for membership in this Order.

 Aerie No. _____ Received By _____

 Date _____ Signature of Sponsor _____