

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

APPLICATION FOR AUXILIARY MEMBERSHIP

Name \_\_\_\_\_ Age \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 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: 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 \_\_\_\_\_

-----  
 TO BE FILLED IN BY MADAM SECRETARY

Application submitted on \_\_\_\_\_ Month Day Year  
 Elected to membership on \_\_\_\_\_  
 Date Initiated \_\_\_\_\_  
 Madam Secretary \_\_\_\_\_

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

- Accepted
- Rejected
- Re-Enrolled

for membership in this Order.

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

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

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

\_\_\_\_\_  
 Date

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