



**APPLICATION FORM FOR MEMBERSHIP AWARDS – LOCAL MEMBERS
(NEW MEMBERS)**

Member Name _____

Ladies Auxiliary No. _____ City & State _____

Number of New Members (List additional names on reverse side of form)

- | | |
|-----------|-----------|
| 1. _____ | 15. _____ |
| 2. _____ | 16. _____ |
| 3. _____ | 17. _____ |
| 4. _____ | 18. _____ |
| 5. _____ | 19. _____ |
| 6. _____ | 20. _____ |
| 7. _____ | 21. _____ |
| 8. _____ | 22. _____ |
| 9. _____ | 23. _____ |
| 10. _____ | 24. _____ |
| 11. _____ | 25. _____ |
| 12. _____ | 26. _____ |
| 13. _____ | 27. _____ |
| 14. _____ | 28. _____ |

Local Ladies Auxiliary President's Signature

Address

Local Ladies Auxiliary Secretary's Signature

Address

Submit to Current Department First Vice President by May 1.