

LA FRA MEMBERSHIP APPLICATION



ABOUT OUR ORGANIZATION: Founded in 1930, the LA FRA is a federally chartered organization. LA FRA Units are located throughout the United States and the Philippines. Eligible persons may also become Members-at-Large (MAL) who do not have access to, nor desire to join a Unit. The LA FRA has a proud standing tradition and heritage that supports this great nation and recognizes the sacrifices, past and present, of those who kept us strong and free.

WHAT WE DO: The LA FRA plays an active role in our communities. Local units sponsor youth programs, welfare projects, social and patriotic activities to benefit the communities at large, veteran programs and the active duty community. The organization provides annual scholarships to outstanding students each year.

WHO CAN JOIN? All applicants must be at least sixteen (16) years of age. Membership in the Ladies Auxiliary of the Fleet Reserve Association is limited to spouses, parents, grandparents, sisters, brothers, children, stepchildren and grandchildren not less than 16 years of age of members of the Fleet Reserve Association and widows, widowers, parents, grandparents, sisters, brothers, children, stepchildren and grandchildren not less than 16 years of age of persons who were members at the time of death or eligible to be members of the Fleet Reserve Association at the time of death.

HOW CAN I JOIN? Members fall into two categories. Members who belong to an LA FRA Unit or Members who do not but join as "Members-at-Large."

Join the Ladies Auxiliary of the FRA (DBA Auxiliary of the FRA)

Name in Full: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) ((Zip + 4)

Telephone: _____ Date of Birth: _____

Email: _____



The following service member information validates this application:

(Serviceman's Full Name) (Rate/Rank) (USN/ USMC/ USCG)

Certify that the information is true and accurate and that my sponsor is a member of FRA Branch _____ or is MAL

Certify that the information is true and accurate and that my sponsor was eligible for membership at the time of death.

Unit Preference _____ Applicant's Signature _____ Date _____

Recruiter _____ Member # _____ Unit # _____

Verified by _____ Title _____ Unit/Branch _____ Date _____



I am the:

<input type="checkbox"/>	Wife	<input type="checkbox"/>	Mother
<input type="checkbox"/>	Sister	<input type="checkbox"/>	Father
<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Widow
<input type="checkbox"/>	Stepdaughter	<input type="checkbox"/>	Widower
<input type="checkbox"/>	Husband	<input type="checkbox"/>	Granddaughter
<input type="checkbox"/>	Brother	<input type="checkbox"/>	Grandson
<input type="checkbox"/>	Son	<input type="checkbox"/>	Grandmother
<input type="checkbox"/>	Stepson	<input type="checkbox"/>	Grandfather

Annual Membership Dues:	
<input type="checkbox"/>	\$25.00 for 1 Year
<input type="checkbox"/>	\$50.00 for 2 Year
<input type="checkbox"/>	\$75.00 for 3 Years
<input type="checkbox"/>	\$100.00 for 4 Years
<input type="checkbox"/>	\$125.00 for 5 Years

Make all checks or money orders payable to LA FRA.

