## The Eagles offers Countless Benefits

FOR MEMBER STO ENJOY YEAR ROUND

Join today for access to a growing slate of benefits designed to add value to your membership and keep money in your pocket.

Members in good standing receive protection through our Memorial Foundation, which provides medical and educational benefits to children of Eagles who lose their lives while at work or serving their country.

Eagles ages 55-and-up with at least 10 years of membership have the option of spending their days at Eagle Village, an exclusive living community in beautiful Bradenton, Florida, with a library, recreation cemer, pool, and three-acre lake.

See what we have to offer below.













ScriptRelief.



















For more details visit

www.foe.com

## **CERTIFICATION OF MEMBERSHIP**

I hereby certify that I profess to be of good moral character, and believe in the existence of a Supreme Being, I am not a member in any other Aerie or Auxiliary within the Order (unless applying for dual or transfer membership), I am over twenty-one (21) years of age, unless the By-Lawsof this Local Aerie allow for those between the age of eighteen (18) and twenty-one (21) years of age to apply, I am not in any way connected or affiliated with the Communist Party, or believe in or advocate the overthrow of the government of this country by force or violence. I understand that the use of the social quarters of any Aerie of the F.O.E. shall be in conformity with the House Rules of that Aerie. I understand that my membership in this Auxiliary is conditioned on a favorable vote of the membership, and if rejected, I cannot apply for membership in any Aerie or Auxiliary until twelve (12) months have passed.

I certify that the information I have provided is true and that no omission or concealment of information has been made of any fact or circumstance. I freely and without reservation accept and honor this Certification of Membership.

Please answer the following questions:

*I have bee	en rejecte	d for members	ship in an Aerie or Auxiliary:	
Yes	□ No	Ifves, date:_	//	

*I was previously a n	nember of an FOE	Aerie.	Yes	□ No

- \*If yes, I have resigned my Aerie membership and waited 12 months before applying for Auxil iary Membership.  $\square$  Yes  $\square$  No
- \*I am a convicted felon: Yes No
- \*(WI, HI and Canada excluded on this question)
- \*I am a registeredsex offender: Yes No

	months Augmenters is commissed on the second of the second	_/	
Signature	Date	,	,

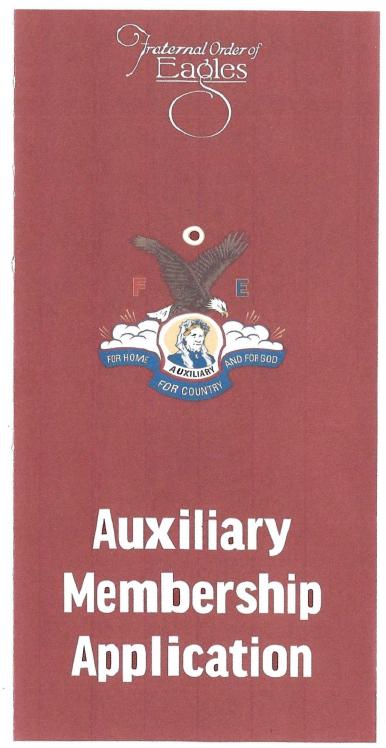
Printed Name

## TO BE COMPLETED BY THE AUXILIARY SECRETARY

Initiated on \_\_\_\_\_/\_\_\_\_\_

Rejected for membership on \_\_\_\_/\_\_/

Secretary Signature



PEOPLE HELPING PEOPLE

APPLICATION TYPE: NEW RE-ENROLL	DUAL APPLICANT TRANSFER	WHO WE ARE		
FORMER/CURRENT AUXILIARY NAME & NUMBER:	(RE-ENROLLED, DUAL AND TRANSFER)	The Fraternal Order of Eagles is an international non-profit organization dedicated to philan thropic and service efforts which shape communities across the United States and Canada. Since 1898, the Eagles have been responsible for the creation of Mother's Day and the protection of senior citizens through the Social Security program.  Our nearly 800,000 members have donated hundreds of millions of dollars to various organizations through the F.O.E. Charity Foundation, which houses a variety of fundadedicated to patient care and research for causes including		
AUXILIARY APPLICANT INFORMATION  Please Print   ALL Information Must be Completed  Name: First M.I. Last	NEW, RE-ENROLLED, DUAL & TRANSFER APPLICANTS:  Be sure to sign the statement on the other side of this application			
Mailing Address :	PROPOSERS INFORMATION*	cancer, heart disease, kidney disease, spinal cord injuries, pediatric ailments and more.		
St. /Prov. : Zip:  Date of Birth:	*ALL New and Re-Enroll Applicants must be proposed by two (2) Auxiliary Members of the Order in Good Standing. ALL information must be completed below.  Ist Proposer:	Our latest achievement, the Fraternal Order of Eagles Diabetes Research Center at the University of Iowa, opened its doors in 2014 to tackle diabetes through a \$25 million donation from the F.O.E.		
Cell Phone:	Name:	Join us today to make a difference inyour community!		
Email:  Occupation:	City: St. /Prov. : Zip:			
Marital Status: Married Single	GAID#:	1 1 1 1 1		
Spouse's Name:  Number of Children under 21 years of age:	2nd Proposer:	THIS IS YOUR RECEIPT.  IT IS NOT VALID FOR ADMISSION INTO ANY AERIE HOME.		
Dual/Transfer Applicant Information:	Name: First M.I. Last Address:			
GAID # Aerie#	City: St. /Prov. : Zip:	1		
AUXILIARY RE-ENROLLED MEMBER INFORMATION	GAID#:	Received From Applicant  for the Initiation/Re-car-ollment fee		
I understand and acknowledge that by re-enrolling in the Fraternal Order of Eagles, I may lose all prior years of membership in the Fraternity, which may affect my qualifications for Life Membership, Golden Age Eagle and for residence in Eagle Village. (Must be signed by re-enroll applicant)	We, the Interviewing Committee have interviewed the above named applicant on/	\$for dues to Auxiliary No  CitySt./Prov.:  Received by Signature		
Signature of Re-Enrollee		Paid By Signature		

THANK YOU!