

Application For Membership in the Legion Home Association

254 South Carlisle St Greencastle PA 17225

www.legionpost373.org

I hereby apply for membership in the American Legion Home Association of Greencastle PA, and will abide by all rules and regulations now in force or hereafter enacted.

Full Name (Last, First, Middle)	Date of Application (mm/dd/yyyy)
Street Address	Telephone
City and State	Zip Code
Place of Birth (City & State)	Date of Birth (mm/dd/yyyy)
Occupation	Employer

Have you ever been a member of this Home Association?	No () Yes ()	If "Yes" When? _____
Have you ever been rejected or suspended of membership?	No () Yes ()	If "Yes" When? _____

Personal References (need not be members). **Must have 3 references for application to be processed. No Exceptions!**

Name	Telephone	Street, City, State and Zip
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Sponsored by:

Full Name (Print): _____

Membership Number: _____

Telephone Number: _____

Street Address: _____

City, State & ZIP: _____

Have you ever been convicted of a Felony? Yes()No()

If I am elected to membership, I agree to abide by all rules, regulations and by-laws of the Post and Home Association.

Applicant Signature (in ink)

New Social membership dues are \$35 and must be attached to this application.(Dues subject to change yearly)

Adjutant signature is verification that sponsor is a Post Member.

Office Use Only <small>Form 7/2013</small>	We the Membership Committee have reviewed your application and following an investigation recommend approving your application as follows: (Requires a minimum of 3 yes signatures)			
	1.	_____	YES	NO
	2.	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3.	_____	<input type="checkbox"/>	<input type="checkbox"/>
	4.	_____	<input type="checkbox"/>	<input type="checkbox"/>

Date of Monthly Membership Meeting: _____ Membership # _____ Orientation Date: _____

Type of Membership? Post SAL ALA Social Only