

Application for Membership in the Legion Home Association

63 East Main Street , Waynesboro, PA 17268

Date:

Rec'd By:

Application Fees: The following fees must be attached to this completed application in strict denominations separable into the two fee amounts. All Membership Fees for Post, SAL, AUX and SOCIAL are the same.

Do not combine the amounts into a lump sum cash or check. The application will be returned for correction.

1. The Orientation Fee of \$ 25.00 cash or check PLUS 2. The Membership Fee of \$35.00 cash or check

Membership Key Card will not be issued until the applicant for membership has completed an Orientation Briefing. An Orientation Briefing will be held on the 2 nd Wednesday of each month at 7 PM in the Post Meeting Room.

All Application Questions Must Be Answered and Printed Except for Signature

Full Name (Last, First , Middle)	Date of Application (mm/dd/yyyy)
Street Address	Telephone
City and State	Zip Code
Place of Birth (City and State)	Date of Birth (mm/dd/yyyy)
Occupation :	Email:
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 this application to be processed. No Exceptions

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

Sponsored By : (Must be a Post 15 Member ONLY)
Full Name (Print)

National Membership Number _____

Telephone Number _____

Street Address _____

City, State, Zip _____

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

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)

Adjutant signature is verification that the sponsor is a Post member

FOR OFFICE USE ONLY

Membership No. _____

Type of Membership POST SAL AUX SOCIAL

We the Membership Committee have reviewed your application and following an investigation, recommend approving this application as follows: (A minimum of 3 yes signatures are required)

1. _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3. _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
4. _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>