

# Application For Membership in the Legion Home Association

63 East Main Street, Waynesboro, PA 17268

Membership Key Card will not be issued until the applicant for membership has completed an orientation briefing.  
 An orientation briefing is held on the 2nd Wednesday of each month at 7pm in the conference room upstairs.  
 All Application Questions Must Be Answered (In print, Except Signature)

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: (Must be a Post 15 Member only!)**

Full Name (Print): \_\_\_\_\_

Post 15 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 \$60, for the first year, and must be application. \$35 thereafter.(Dues subject to change yearly)

\_\_\_\_\_

Adjutant signature is verification that sponsor is a Post Member.

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)

Office Use Only	Form 7/2013	1.	_____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
		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