

- New Aerie Applicant
 Re-Enrolled Aerie Applicant
 Aerie Dual Application
 Aerie Charter Applicant

APPLICATION FOR AERIE MEMBERSHIP

Name _____ Date of Birth ____/____/____ Age ____
First MI Last Suffix mm dd yyyy

Residence Address _____ City _____ State/Prov. _____ Zip _____

Telephone () _____ Email _____

Mailing Address (if different) _____

- Have you ever applied for membership and were rejected? If yes where? _____
- Have you ever been convicted of a felony? (WI, HI, Canada excluded) Y or N

If you have ever been a member of this Order before, the following questions must be answered.

- I formerly belonged to Aerie/Aux. No. _____ City _____ State/Prov. _____
- The reason for terminating my membership was _____

Applicant Signature _____ Date _____

Included with my fees is a donation of _____ to The Fraternal Order of Eagles Diabetes Research Center.

Fraternal Order of Eagles Initiation Fee Receipt

Applicant's Name _____

Amount Received _____

First Proposer: _____ Aerie No. _____

Name _____

Grand Aerie I.D. _____

Address _____

City _____ State/Prov. _____ Zip Code _____

Second Proposer: _____ Aerie No. _____

Name _____

Grand Aerie I.D. _____

Address _____

City _____ State/Prov. _____ Zip Code _____

 TO BE FILLED IN BY WORTHY SECRETARY

APPLICATION APPROVED FOR

- Beneficial Membership or
 Non-Beneficial Membership

Application submitted on _____ Month / Day / Year
 Elected to membership on _____
 Date Initiated _____

Worthy Secretary _____

We, your Committee have interviewed the above-named applicant on _____
 mm / dd / yyyy

Committee Members: _____

Aerie No. _____

Received By _____

Date _____

Signature of Sponsor _____