

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 _____