

APPLICATION FOR MEMBERSHIP

LATROBE 515 VETERANS HOME ASSOCIATION / 1811 LIGONIER STREET LATROBE, PA 15650

(MUST BE FILLED OUT COMPLETELY AND HONESTLY)

NAME LAST FIRST MIDDLE

PRESENT STREET & MAILING ADDRESS

CITY, STATE & ZIP CODE

DRIVER'S LICENSE # PHONE # EMAIL

RESIDENCE PAST FIVE YEARS

DATE & PLACE OF BIRTH

EMPLOYER

OTHER CLUB MEMBERSHIPS

TYPE OF MEMBERSHIP APPLYING FOR (PLEASE CHECK ONE)

LEGION (SOCIAL) ☐ SERVED IN THE ARMED FORCES? YES / NO ☐ BRANCH

ENTRY DATE DISCHARGE DATE TYPE OF DISCHARGE

SONS OF LEGION (SOCIAL) ☐ AUXILIARY (SOCIAL) ☐ ASSOCIATE (SOCIAL) MEMBERSHIP ☐

(NOT ELIGIBLE FOR MEMBERSHIP IN THE LEGION FAMILY)

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE ALL RULES AND REGULATIONS OF THIS ORGANIZATION. THIS APPLICATION MAY TAKE UP TO 30 DAYS OR MORE TO PROCESS & IS SUBJECT TO A BACKGROUND CHECK AND APPROVAL VOTE BY THE LATROBE 515 VETERANS HOME ASSOCIATION OFFICERS AT OUR MONTHLY MEMBERS MEETING ON THE FIRST THURSDAY OF THE MONTH.

APPLICANT'S SIGNATURE DATE PROPOSED BY (MUST BE A LEGIONNAIRE)

(FOR OFFICIAL USE ONLY)

AMOUNT PAID ACCEPTED BY DATE

BACKGROUND CHECK COMPLETED YES / NO

ACCEPTED / REJECTED DATE COMMITTEE CHAIRMAN