



MEMBERSHIP DOCUMENT

LADIES AUXILIARY

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

| | | | | |
|---------------------------------|----------------------------|------------|----------------|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL |
| STREET | | CITY | STATE | ZIP CODE |
| (AREA CODE) TELEPHONE NUMBER | DATE OF BIRTH MO DAY YR | | E-MAIL ADDRESS | |

I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE LAWS OF THE LADIES OF THE AUXILIARY AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AGREE THAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL ALL MATTERS.

SIGNATURE OF APPLICANT

DATE

I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.

PROPOSER'S SIGNATURE

DATE

MEMBERSHIP # _____