Veterans of Lansingburgh, Inc.
777 1st Avenue
Troy, New York 12182
(518) 233-8656

Society of the Veterans of Lansingburgh, Inc.
"Associate Members"
MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP (Please check the appropriate box)
[ ] Initial Associate Membership ($22.00) [ ] Associate Membership Renewal ($17.00)

NAME: _____ _____ _____
(Last) (First) (Middle)

ADDRESS: _____
(No. / Street) (City) (State) (Zip)

PHONE: _____ **DATE OF BIRTH:** ____/____/____
Mos. Day Yr.

REQUIRED MEMBERSHIP QUALIFICATION: Membership in the Society shall be limited to male non-veterans residing in Lansingburgh and its surrounding areas. Priority of Membership shall be as follows: a.) Male non-veterans (at least 21 yrs of age) related to current or deceased member of the Veterans of Lansingburgh within two degrees of kinships (Grandfather, Brother and Grandson represent the most allowable relationship); **Name of Veteran Member related to you**: _____
State your relationship to the Veteran Member here: _____
b.) If required, you must be able to provide proof of your relationship to the Veteran Member stated above. If you are unable to provide proof of relationship, your application will not be processed. c.) In accordance with Article IX of the Organization's By-Laws (Committees), ALL members of the Society of the Veterans of Lansingburgh are required and expected to actively participate on at least one committee.

(Please Complete the back of this form at this time). Failure to participate on a committee and support the Veterans of Lansingburgh shall be grounds for that member's membership not being renewed. d.) Non-renewal of membership for not actively participating on a committee shall be the sole decision of the Officers & Board of Directors of the Veterans of Lansingburgh and is not open to appeal.

**** I HEREBY REQUEST MEMBERSHIP INTO THE SOCIETY OF THE VETERANS OF LANSINGBURGH. I CERTIFY THE ABOVE INFORMATION IS TRUE.***

Monthly meetings are held on the 2nd Monday evening of each month (except July & August) at 7:00 p.m. at the Veterans of Lansingburgh, 777 1st Avenue, Troy, NY 12182. Please plan to attend.

Signature of Applicant: _____ **Date:** ____/____/____

Sponsor (Veteran Member): _____ _____
Printed Name *Signature of Sponsor*

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Proof of Kinship/Relationship (Must be approved by two (2) Veteran Officers)

_____ _____
Signature of Club Officer Signature of Club Officer

Amount Paid: $_____ Date of Acceptance: _____ Card No. _____

Associate Member Participation Form

PLEASE COMPLETE THIS FORM IN IT'S ENTIRETY AND PRINT CLEARLY

Member Name: _____ _____ Date of Birth: _____
(Last) (First)

Daytime Phone: (_____)_____ Evening Phone: (_____)_____

Are you employed full time: Yes ____ (Days ____ Nights _____ Weekends_____)
No ____

What time is best for you to work? Days _____ Nights _____ Weekends _____
Comments: _____

_____

_____

_____

Would you be interested in being a **Team Captain**? Yes _____ No _____

Please (✔) those areas you would like to assist in:

KITCHEN COMMITTEE:

Food Preparation: _____ Cooking: _____ Dishwasher: _____ Pots & Pans _____

Do you have any special training, education or talents that would be helpful in this area?

Please explain: _____

_____

_____

_____

BUILDING AND MAINTENANCE COMMITTEE

Would you like to assist our Club in this area? Yes: _____ No: _____

Do you have any special training, education or talents that would be helpful in this area?

Please explain: _____

_____

_____

_____

If you are unable to work, please explain below. A member of the Board of Directors will contact you. (See attached letter, **Article VI, Section 4**). _____

_____

_____

_____

Do you have any special skills that would be useful to the Club not mentioned above?

_____

_____

_____

_____