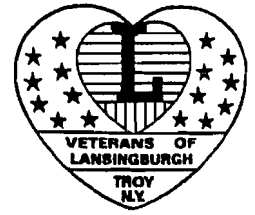
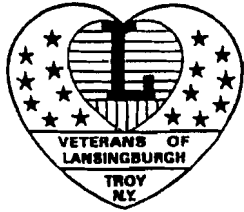


# VETERANS OF LANSINGBURGH, INC.

777 1ST AVENUE  
NORTH TROY, NEW YORK 12182  
TEL: 233-8656



## WOMENS' AUXILIARY MEMBERSHIP APPLICATION

Type of Membership [ ] INITIAL AUXILIARY MEMBERSHIP \$22.00  
CHECK THE [ ] AUXILIARY MEMBERSHIP RENEWAL \$17.00  
APPROPRIATE BOX

NAME: \_\_\_\_\_  
( LAST FIRST MIDDLE )

ADDRESS: \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIPCODE

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Relationship to a current or deceased Veteran Member of this Organization is required. Must be related within two degrees of kinship (Grandmother, Sister, and Grand-daughter represent the most allowable relationship)

Name of Veteran Member Related to: \_\_\_\_\_  
State Relationship to Member here: \_\_\_\_\_

**\*\* If required, you must be able to provide proof of your relationship to the Veteran stated above. If unable to provide proof, your application will not be processed.**

**I HEREBY REQUEST MEMBERSHIP INTO THE WOMENS' AUXILIARY, 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 6:30PM at the Veterans of Lansingburgh, 777 1st Avenue, Troy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Sponsor (Veteran Member): \_\_\_\_\_  
Printed Name ( Last First Middle)

Signature of Sponsor: \_\_\_\_\_  
=====

Proof of Kinship/Relationship (Must Be Approved by 2 Club Officers)

Signature of Club Officer \_\_\_\_\_ Signature of Club Officer \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date of Acceptance: \_\_\_\_\_ Card No.: \_\_\_\_\_