PROPOSAL FOR MEMBERSHIP IN THE







## OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

| Sponsoring Member   |                    |                              | under the ob        | ligation of th | he Order, proj | poses for   |
|---|--------------------|------------------------------|---------------------|----------------|----------------|-------------|
| membership,   |                    |                              | Signature of Member |                |                |             |
| OU  | JESTIONS TO        | O BE ANSWI                   | ERED BY APP         |                |                |             |
| 1. Name   |                    |                              |                     |                |                |             |
| Home Address  |                    |                              |                     |                | eZip           |             |
| Phone No  |                    |                              |                     |                |                |             |
| 2. State the place and date   | of your birth.     | Born in the (                | City of             |                |                |             |
| County of   | , State of         | , on the                     | day of              |                | in the year of | ·           |
| 3. Grade you are in curren  | tly                |                              |                     |                |                |             |
| 4. Do you drive?  |                    |                              |                     |                | Yes            | No          |
| <ul><li>5. Are you willing to assura. Will not conflict with</li><li>b. Will bind you to upho</li></ul> | your duties to yo  | ourself, your fa<br>and that | :                   |                |                | ns,<br>No 🔲 |
| 6. Have you ever pleaded  | guilty to or been  | n convicted of a             | felony?             |                | Yes            | No          |
| 7. Give references of at lea  | st two members     | of this Order o              | ther than the spo   | onsor.         |                |             |
| NAME  |                    | Home Add                     | RESS                |                | Phone          |             |
|   |                    |                              |                     |                |                |             |
|   |                    |                              |                     |                |                |             |
|   |                    |                              |                     |                |                |             |
| 8. Would you like to be an Officer or Committee Chairperson?  |                    |                              |                     |                | Yes            | No 🗌        |
| 9. Parent or Guardian app   | roval: Signature   | <u> </u>                     |                     |                |                |             |
| The above blanks must   | be fully filled ou | t by the Sponso              | or and the Applic   | cant, and be   | accompanied    | by an       |
| Initiation Fee  | of \$              | and Dues of \$ _             | or it u             | vill not be co | onsidered.     |             |
| Date  | <b>S</b> :         | ignature of Ap <sub>l</sub>  | olicant             |                |                |             |