APPLICATION FOR MEMBERSHIP BLET AUXILIARY

A **\$10.00 Application Fee** must accompany this application, in addition to dues of **\$65.00** for active Members or **\$37.00** for **retired members over 60**, widows and widowers.

		Date:		
To: Officers and	Members of:	Auxiliary No.	BLET	National Auxiliary.
organization. I	ed, hereby present r f accepted, I promise at are now in effect o	e to abide by all I	aws, rules and	
Applicant Si				
	Phone No. Email Address: Date of Birth:			
	, please give the Au			nother GIA or BLET,
Applicant Reco	mmended by:			
What is the rela	tionship to your Spo	nsor?		
Husband	Wife Fa	ther Mothe	r <u> S</u> on	Daughter
Sponsor is a me	ember of Div./Aux	, City	,	State
Sponsor's Nam A	e: ddress:			Initiation Date:
Verification of M	lember's Standing: _	Signature	Title	Date
Please return cor	npleted application and	d dues to your loca	al auxiliary or	Jodi Wallace, National Secre 1804 Washington Avenue La Grande, Oregon 97850