

The Eagles offers Countless Benefits

FOR MEMBERS TO ENJOY YEAR ROUND

Join today for access to a growing slate of benefits designed to add value to your membership and keep money in your pocket.

Members in good standing receive protection through our Memorial Foundation, which provides medical and educational benefits to children of Eagles who lose their lives while at work or serving their country.

Eagles ages 55- and-up with at least 10 years of membership have the option of spending their days at Eagle Village, an exclusive living community in beautiful Bradenton, Florida, with a library, recreation center, pool, and three-acre lake.

See what we have to offer below.



For more details visit
www.foe.com

CERTIFICATION OF MEMBERSHIP

I hereby certify that I profess to be of good moral character and believe in the existence of a Supreme Being. I am not a member in any other Aerie or Auxiliary within the Order (unless applying for dual or transfer membership), I am over twenty-one (21) years of age, unless the By-Laws of this Local Aerie allow for those between the age of eighteen (18) and twenty-one (21) years of age to apply, I am not in any way connected or affiliated with the Communist Party, or believe in or advocate the overthrow of the government of this country by force or violence. I understand that the use of the social quarters of any Aerie of the F.O.E. shall be in conformity with the House Rules of that Aerie. I understand that my membership in this Aerie is conditioned on a favorable vote of the membership, and if rejected, I cannot apply for membership in any Aerie or Auxiliary until twelve (12) months have passed.

I certify that the information I have provided is true and that no omission or concealment of information has been made of any fact or circumstance. I freely and without reservation accept and honor this Certification of Membership.

Please answer the following questions:

- * I have been rejected for membership in an Aerie or Auxiliary:
 Yes No If yes, date: _____/_____/_____
- * I was previously a member of an FOE Auxiliary. Yes No
- * If yes, I have resigned my Auxiliary membership and waited 12 months before applying for Aerie Membership. Yes No
- * I am a convicted felon: Yes No
- * (WI, HI and Canada excluded on this question)
- * I am a registered sex offender: Yes No

Signature _____ Date _____/_____/_____

Printed Name _____

TO BE COMPLETED BY THE AERIE SECRETARY

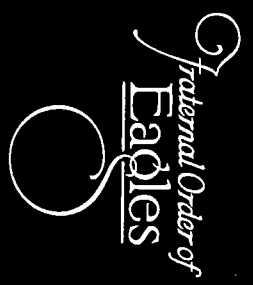
Application submitted on _____/_____/_____

Elected to membership on _____/_____/_____

Initiated on _____/_____/_____

Rejected for membership on _____/_____/_____

Secretary Signature _____



Aerie Membership Application

PEOPLE HELPING PEOPLE

APPLICATION TYPE: NEW RE-ENROLL DUAL APPLICANT TRANSFER

FORMER/CURRENT AERIE NAME & NUMBER: _____ (RE-ENROLLED, DUAL AND TRANSFER)

AERIE
APPLICANT INFORMATION

Please Print | ALL Information Must be Completed

Name: _____ Middle Initial: _____
 Mailing Address: _____
 City: _____
 St./Prov.: _____ Zip: _____
 Date of Birth: _____ / _____ / _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____
 Marital Status: Married Single
 Spouse's Name: _____
 Number of Children under 21 years of age: _____
 Dual/Transfer Applicant Information:
 GAID # _____ Aerie # _____

AERIE
RE-ENROLLED MEMBER INFORMATION

I understand and acknowledge that by re-enrolling in the Fraternal Order of Eagles, I may lose all prior years of membership in the Fraternity, which may affect my qualifications for Life Membership, Golden Age Eagle and for residence in Eagle Village. (Must be signed by re-enroll applicant)

Signature of Re-Enrollee _____

**NEW, RE-ENROLLED,
DUAL & TRANSFER APPLICANTS:**

Be sure to sign the statement on the other side of this application

PROPOSERS INFORMATION*

*ALL New and Re-Enroll Applicants must be proposed by two (2) Aerie Members of the Order in Good Standing. ALL information must be completed below.

1st Proposer:
 Name: _____ Middle Initial: _____
 Address: _____
 City: _____ St./Prov.: _____ Zip: _____
 GAID #: _____
 Signature: _____
2nd Proposer:
 Name: _____
 Address: _____
 City: _____ St./Prov.: _____ Zip: _____
 GAID #: _____
 Signature: _____

We, the Interviewing Committee have interviewed the above named applicant on _____ / _____ / _____
 Committee Members Signature(s): _____

THANK YOU!

WHO WE ARE

The Fraternal Order of Eagles is an international non-profit organization dedicated to philanthropic and service efforts which shape communities across the United States and Canada. Since 1898, the Eagles have been responsible for the creation of Mother's Day and the protection of senior citizens through the Social Security program.

Our nearly 800,000 members have donated hundreds of millions of dollars to various organizations through the F.O.E. Charity Foundation, which houses a variety of funds dedicated to patient care and research for causes including cancer, heart disease, kidney disease, spinal cord injuries, pediatric ailments and more.

Our latest achievement, the Fraternal Order of Eagles Diabetes Research Center at the University of Iowa, opened its doors in 2014 to tackle diabetes through a \$25 million donation from the F.O.E.

Join us today to make a difference in your community!

THIS IS YOUR RECEIPT.
IT IS NOT VALID FOR ADMISSION INTO ANY AERIE HOME.

Received From _____ Applicant _____
 \$ _____ for the Initiation/Re-enrollment fee
 \$ _____ for dues to Aerie No. _____
 City _____ St./Prov.: _____
 Received by _____ Signature _____
 Date _____ / _____ / _____
 Paid By _____ Signature _____

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See what we have to offer below.



CERTIFICATION OF MEMBERSHIP

I hereby certify that I profess to be of good moral character, and believe in the existence of a Supreme Being, I am not a member in any other Aerie or Auxiliary within the Order, I am over eighteen (18) years of age, am not in any way connected or affiliated with the Communist Party, or believe in or advocate the overthrow of the government of this country by force or violence. I understand that the use of the social quarters of any Aerie of the F.O.E. shall be in conformity with the House Rules of that Aerie. I understand that my membership in the Order is conditioned on a favorable vote of the membership, and if rejected, I cannot apply for membership in any Aerie or Auxiliary until twelve (12) months have past.

I certify that the information I have provided is true and that no omission or concealment of information has been made of any fact or circumstance. I freely and without reservation accept and honor this Certification of Membership.

Please answer the following questions:

I have been rejected for membership in an Aerie or Auxiliary:

Yes No If yes, date: ____/____/____

* I am a convicted felon: Yes No

*(WI, HI and Canada excluded on this question)

I am a registered sex offender: Yes No

Signature _____ Date ____/____/____

Printed Name _____

TO BE COMPLETED BY THE AUXILIARY SECRETARY

Application submitted on ____/____/____

Elected to membership on ____/____/____

Initiated on ____/____/____

Rejected for membership on ____/____/____

Secretary Signature _____

We, the Interviewing Committee have interviewed the above named applicant on ____/____/____
Committee Members: _____



AUXILIARY MEMBERSHIP

Application

DUES FOR NEW MEMBERS IS
\$34.00
RE-ENROLL \$31.00



APPLICATION TYPE: NEW RE-ENROLL DUAL APPLICANT TRANSFER

CURRENT/FORMER AUXILIARY: _____ (RE-ENROLLED, DUAL AND TRANSFER)

AUXILIARY
APPLICANT INFORMATION

Please Print! ALL Information Must be Completed

Name: _____ Middle Initial: _____
 Mailing Address: _____
 City: _____
 St./Prov.: _____ Zip: _____
 Date of Birth: _____ / _____ / _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____
 Marital Status: Married Single
 Spouse's Name: _____
 Number of Children under 21 years of age: _____

PROPOSERS INFORMATION*

*All New and Re-Enroll Applicants must be proposed by two (2) Auxiliary Members of the Order in Good Standing. ALL information must be completed below.

1st Proposer:
 Name: _____ Middle Initial: _____
 Address: _____
 City: _____ St./Prov.: _____ Zip: _____
 GAID #: _____
 Signature: _____
2nd Proposer:
 Name: _____
 Address: _____
 City: _____ St./Prov.: _____ Zip: _____
 GAID #: _____
 Signature: _____

AUXILIARY

RE-ENROLLED MEMBER INFORMATION

I understand and acknowledge that by re-enrolling in the Fraternal Order of Eagles, I may lose all prior years of membership in the Fraternity, which may affect my qualifications for Life Membership, Golden Age Eagle and for residence in Eagle Village. (Must be signed by re-enroll applicant)

Signature of Re-Enrollee _____
 Previous Auxiliary Name: _____
 Location: _____ No. _____

NEW APPLICANTS:

Be sure to sign the statement on the other side of this application

Dual Applicant Information:

Name: _____
 GAID # _____ Auxiliary # _____

Transfer Applicant Information:

Name: _____
 GAID # _____ Auxiliary # _____
 Please fill out all applicable information above for our records.

THANK YOU!

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Our latest achievement, the Fraternal Order of Eagles Diabetes Research Center at the University of Iowa, opened its doors in 2014 to tackle diabetes through a \$25 million donation from the F.O.E.

Join us today to make a difference in your community!

THIS IS YOUR RECEIPT.
IT IS NOT VALID FOR ADMISSION INTO ANY AERIE HOME.

Received of _____ \$ _____ for the Initiation fee
 \$ _____ dues to Auxiliary No. _____
 City _____ St./Prov.: _____
 Received by _____
 Signature _____
 Date _____ / _____ / _____
 Applicant Signature _____