

APPLICATION TYPE: NEW RE-ENROLL DUAL APPLICANT TRANSFER

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

AUXILIARY APPLICANT INFORMATION

Please Print | ALL Information Must be Completed

Name: _____
First M.I. Last

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 # _____

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 _____

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 Auxiliary No. _____

City _____ St./Prov.: _____

Received by _____
Signature _____

Date _____/_____/_____

Paid By _____
Signature _____

THANK YOU!