**Ladies Auxiliary “New Member” Form**

**WELCOME TO LADIES AUXILIARY**

**FR. VEGER COUNCIL #5561**

*Please fill out the information below. Return this Form and a payment of $10.00 (Annual Membership Fee) to the Treasurer of the Ladies Auxiliary at the next Monthly Meeting. Annual Membership Fee can be paid by CASH or CHECK (made payable to “Ladies Auxiliary”).*

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Name Last Name**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please list preferred phone number)**

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO KNIGHT**

***IDENTIFY KNIGHT RELATED TO AND CIRCLE*** *RELATIONSHIP TO KNIGHT.*

***IF APPLICABLE ALSO CIRCLE*** *WHETHER THE KNIGHT YOU ARE RELATED TO IS CURRENTLY “ACTIVE” OR “DECEASED”*

**NAME OF KNIGHT: RELATIONSHIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIFE
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIDOW**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER ACTIVE OR DECEASED**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SISTER ACTIVE OR DECEASED**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAUGHTER ACTIVE OR DECEASED**

**NOTE**: All personal data disclosed on this New Members Ladies Auxiliary Form will be transferred and maintained on the Ladies Auxiliary Roster for Ladies Auxiliary members use ONLY.