Bangor VFW Home Association Application for Membership (Please Print ALL Information)

| Name: | | | | | | | | |
|---------------------------------------------------|-----------------------------------------|-----------------|-----------|----|--------|--|--|--|
| Addres | ss: | | | | | | | |
| City: | | | State: | | Zip: | | | |
| How lo | ng have you lived at | this address? _ | | | | | | |
| Email A | Email Address (For our Newsletter only) | | | | | | | |
| Phone: | | | | | | | | |
| (Check | One) Married: | Single: | Separated | d: | | | | |
| If marri | ied, Spouses name: _ | | | | | | | |
| Your Er | mployer: | | | | | | | |
| Employ | ers Phone: | | | | | | | |
| How lo | ng have you been en | nployed: | | | | | | |
| Have you ever been convicted of a crime? Yes: No: | | | | | | | | |
| If yes, o | date of conviction- Pl | ease Explain: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Sponso | ored By: | | | | | | | |
| (1) | Name: | | | | | | | |
| (2) | Name: | | | | | | | |
| | List two references o | | | | o you: | | | |
| (1) | Name: | | | | | | | |
| | Address: | | | | | | | |
| | City: | | | | | | | |
| | Phone: | | | | | | | |
| (2) | Name: | | | | | | | |
| | Address: | | | | | | | |
| | City: | | | | | | | |
| | Phone: | | | | | | | |

| Are you a Veteran? Yes: NO: Did | d you serve in a combat zone? Yes: No: |
|-----------------------------------------------|-------------------------------------------------------------|
| Has a parent, step-parent or grandparent se | erved in the US Armed forces in a combat zone? |
| Yes: No: | |
| If you answered yes to the above you may be | oe eligible for the Ladies Auxiliary, Are you interested in |
| joining as an Auxiliary member? Yes: N | 0: |
| | |
| | her club or organization? Yes: No: |
| If yes, please explain: | |
| | |
| | |
| | |
| By signing this application for membership, | I agree to a confidential background check at the |
| discretion of the board of directors. I agree | to be interviewed by all persons on the membership |
| committee. I attest that all the information | on this application is true and free from any |
| misrepresentation and also understand that | t any false information provided will automatically and |
| immediately disqualify my membership app | lication from being accepted. |
| | |
| Applicants Signiture: | |
| Date | |
| (OFFICAL USE ONLY) | |
| , | |
| Accepted: Rejected:_ | |
| Date: | |
| Membership Committee | |
| 1 | |
| 2 | |
| 3 | |
| Board of Directors | |
| 1 | |
| 2 | |
| 3 | |
| | |

If applicant's membership is rejected for any reason, please attach a copy of the notification letter to this application that was sent to the applicant notifying of membership rejections.