

# 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.**



## 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 Auxiliary 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 Aerie.  Yes  No

\*If yes, I have resigned my Aerie membership and waited 12 months before applying for Auxiliary 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 AUXILIARY SECRETARY

Application submitted on \_\_\_\_\_

Elected to membership on \_\_\_\_/\_\_\_\_/\_\_\_\_

Initiated on \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected for membership on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Secretary Signature



# Auxiliary Membership Application

PEOPLE HELPING PEOPLE

For more details visit  
[www.foe.com](http://www.foe.com)

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

### 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) Auxiliary Members of the Order in Good Standing. ALL information must be completed below.

##### 1st Proposer:

Name: \_\_\_\_\_  
                    First                    M.I.                    Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. /Prov. : \_\_\_\_\_ Zip: \_\_\_\_\_

GAID #: \_\_\_\_\_

Signature: \_\_\_\_\_

##### 2nd Proposer:

Name: \_\_\_\_\_  
                    First                    M.I.                    Last

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 Auxiliary No. \_\_\_\_\_

City \_\_\_\_\_ St. /Prov. : \_\_\_\_\_

Received by \_\_\_\_\_  
Signature

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Paid By \_\_\_\_\_  
Signature