

Social Membership Application

I hereby apply for social membership in LeBaron Post Home Association and for that purpose give the following information.

Name _____ Address _____

Occupation _____ Employer _____

Phone _____ Age _____ U.S. Citizen _____ Date of Application _____

Names of three references who are active members of this Association (**Active Members ONLY**) _____

If elected to social membership in said Association I hereby agree to abide by and be bound by the House-Rules and By-Laws of the Association.

Social Member Applicant _____ (*Signed*)

Sponsored by Active Member _____ (*Signed*)

Money accompanying application Dues for (1 year) _____

Received by Board of Directors on ____/____/20____ Action taken ____/____/20____