



GREENWOOD LADIES AUXILIARY  
APPLICATION FOR MEMBERSHIP

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

STREET OR ROAD: \_\_\_\_\_ P O BOX NO: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF  
BIRTH: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_

EMERGENCY#: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

REASON FOR JOINING: \_\_\_\_\_

GIVE THREE CHARACTER REFERENCES OTHER THAN RELATIVES:

1. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

2. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

3. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE# \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF BUSINESS: \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF ANOTHER LADIES AUXILIARY OR HAVE YOU  
EVER BEEN A MEMBER OF ANY OTHER LADIES AUXILIARY? \_\_\_\_\_ IF YES-  
WHERE \_\_\_\_\_ PLEASE GIVE REASON FOR LEAVING \_\_\_\_\_

WILL YOU BE WILLING TO COMMIT TO ATTENDING OUR MEETINGS, WORKING OUR  
BBO'S AND OTHER LADIES AUXILIARY FUNCTIONS? \_\_\_\_\_

DO YOU UNDERSTAND THAT YOUR PERMANENT MEMBERSHIP DEPENDS ON YOUR  
ATTENDANCE TO MEETINGS, AND ACTIVITIES DURING A SIX (6) MONTH  
PROBATIONARY PERIOD, AND IF ELECTED TO MEMBERSHIP YOU AGREE TO ABIDE  
BY THE GREENWOOD LADIES AUXILIARY RULES AS SET FORTH IN THE BY-LAWS?

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE: \_\_\_\_\_

(SIGNATURE)

LADIES AUXILIARY USE ONLY:

REFERRED TO COMMITTEE DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_

VOTED ON FOR PROBATIONARY MEMBERSHIP

DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_

VOTED ON FOR ACTIVE MEMBERSHIP DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_