

NATIONAL ASSOCIATION OF NAVAL VETERANS – PORT 5

69 BREWSTER STREET BRIDGEPORT, CT. 06602 (P)203-576-9366



Ladies' Auxiliary Membership Application

Date of Application:	_ Application	Fee: \$25.00 Check #	
Name (print)		Phone #	
Name (print) Cell Phone #	_ Email		
Street Address:			
City:	State:	Zip:	
Recommended by:		Member #	
Preferred Method of Contact? (C Other Affiliations:	•		
Have you ever been convicted of Skills and Interests:	a felony?		
 Acceptance in the Ladies' Aux or active-duty member of the grandparent, child or grandch DD214 or another form of pro of the Ladies' Auxiliary, you m by either a regular member or 	military. Relaild. Proof of not of service. It apply for m	tionship means either so nilitary relationship will Additionally, if the spo nembership. The applic	spouse, sibling, parent, be provided by either a use is an active member
Relative's name		If military - proof of	f service () DD214
(attached): Other proof			(attached)
 Non-Veteran First Responders active first responder status n 		•	nembership. Proof of
Sponsoring auxiliary member nar	ne and memb	ership #	
Sponsoring regular member nam	e and membe	rship #	

Ladies' Auxiliary Membership Guidelines

• To be considered for membership, you must complete an auxiliary membership application and be recommended by a member in good standing. Please attach an application fee check in the amount of \$25.00 and deliver the application to the Port 5 bartender. (The check will be returned to you if you are not approved for membership.) The total initial cost to join is \$175.00. Thereafter, yearly dues, which are currently \$50.00 per year, are payable between October 31 and December 31.

- You will then meet with the interview committee which will consist of members of the Ladies' Auxiliary Executive Board. If some of the members cannot be present, former Executive Board members or members of the Veteran's membership may join the interview committee for that interview.
- If approved, you will be expected to help with at <u>least two events</u> supporting the goals of Port 5. You will receive a key card allowing you access to the Port 5 facility.

I have read and	ave read and understand the guidelines of the Ladies' Auxiliary Membership Guidelines.				
Signed:		Date:			
*****	**********	******	*******		

Applicant exam	nined by				
 Date:	Approved: Yes	No			
******	**********	*******	*******		
(Do not sign be	low until accepted and given all m	aterials.)			
I have received	all other Ladies' Auxiliary rules in	ncluding By-Laws, M	ission Statement/Rules		
Summary and M	Membership policy. It is my respo	nsibility to read all of	these. Failure to read		
information is r	not an acceptable excuse.				
Cianotura					