



APPLICATION FOR MEMBERSHIP IN THE
LADIES AUXILIARY
POLISH LEGION OF AMERICAN VETERANS, U.S.A.



Applicant's Name _____

Address _____ City _____ State _____ ZIP _____

(_____) _____

Phone Number _____

Relationship to Veteran _____

Date of Oath _____

Sponsored by _____

Applicant's Signature _____

Chapter # _____ Membership Officer Signature _____