



**NATIONAL ASSOCIATION of NAVAL VETERANS, PORT 5**  
**69 BREWSTER STREET**  
**BRIDGEPORT, CT 06605 (P) 203-576-9366**  
**Men's Auxiliary Membership Application**



Date of Application: \_\_\_\_\_ Application Fee: \$25.00 Check # \_\_\_\_\_

Name (print) \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Recommended by: \_\_\_\_\_ Card# \_\_\_\_\_

Preferred Method of Contact? (Circle one)- Email, Text, Cell Phone, US Mail

Other Affiliations: \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_

Skills and Interests: \_\_\_\_\_

**Men's 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 \$300.00. 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 Men's 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 least two events supporting the goals of Port 5. You will receive a key card allowing you access to the Port 5 facility.

You are encouraged to attend regular Veteran membership meetings (held on the second Wednesday of each month), but will not have the right to vote in said meetings. The Commander of the Men's Auxiliary will serve as the liaison between the regular membership and the Men's Auxiliary

I have read and understand the guidelines of the Men's Auxiliary Membership Guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant examined by \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_