



**NATIONAL ASSOCIATION OF NAVAL VETERANS
PORT 5
69 BREWSTER STREET – BRIDGEPORT, CT 06602**



Women's Auxiliary Membership Application

Name (Print): _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Have you ever been convicted of a felony? YES NO

***** Sponsoring Veteran or Auxiliary Member **(REQUIRED)** *****

NAME: _____ MEMBER NUMBER: _____

Sponsor's Membership Group (check one): Veterans Men's Aux Women's Aux

Eligibility Requirements (choose one)

Relationship to a Veteran (living or deceased) or active-duty member of the military.

Relationship is defined as either a spouse, sibling, parent, grandparent, child or grandchild. Proof of military relationship will be provided by either a DD214 or another proof of service (subject to review by the Port 5 Commander).

o Relative's Name: _____ Veteran Active-Duty

o Relationship to Relative: _____

o Proof of Service: DD214 (attach a copy) Other Proof (attach a copy)

Spouse is an active member of either the Veteran's Membership or the Men's Auxiliary, and in good standing. **In this case, the applicant must be sponsored by another Veteran member or Auxiliary member (Men's or Women's) in good standing.**

o Spouse's Name: _____ Member Number: _____

Non-Veteran First Responder. Proof of active first responder status must be provided. (Attach a copy of proof)

Port 5 Employee – Position: _____

Women's Auxiliary Membership Requirements & Application Process

- **To be considered for membership**, you must:
 - be at least 21 years of age
 - complete an auxiliary membership application
 - be recommended by a current Veteran or Auxiliary member in good standing
 - provide copies of any necessary documentation
 - pay a \$25 application fee (this fee will be returned to you if you are not approved for membership)
 - submit completed membership application, supporting documents, and application fee to a Port 5 Bartender
- **Once your application is received**, you will be contacted by a member of the examining committee who will schedule a date and time for you to interview with members of the committee.
 - This committee consists of Women's Auxiliary Executive Board members.
 - If some of the committee members cannot be present, former Women's Auxiliary Executive Board members and/or members of the Veteran Membership Executive Board may participate in the interviews as well.
- **If your membership is approved, you will:**
 - be required to pay an additional \$150 fee when you are sworn in.
 - This fee includes a one-time \$100 initiation fee, and \$50 for your first year's dues, which will be paid through the end of the calendar year.
 - The total cost to join (application fee, initiation fee and dues) will be \$175
 - be expected to help with **at least TWO events/year** supporting the goals of the Port 5.
 - receive a key card allowing you access to the Port 5 facility.
- **Yearly dues**, which are currently \$50, are due between October 31 and December 31.
 - If yearly dues are not paid by December 31, you will be charged a late fee, and be subject to possible membership suspension.

I HAVE READ AND UNDERSTAND THE MEMBERSHIP REQUIREMENTS OF THE PORT 5 WOMEN'S AUXILIARY

SIGNED: _____ DATE: _____

Application Received by: _____ Date: _____ CASH CHECK # _____

DO NOT WRITE or SIGN BELOW THIS LINE

Applicant Examined by (Print): _____ Date: _____

Notes: _____

Approved: YES NO

I have received all other Women's Auxiliary rules including By-Laws, Mission Statement/Rules Summary and Membership Policy. It is my responsibility to read all of these. Failure to read information is not an acceptable excuse. (Do not sign until accepted and given all materials.)

New Member Signature: _____ Date: _____