

NATIONAL ASSOCIATION OF NAVAL VETERANS -PORT 5

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



Men's Auxiliary Membership Application

Date of Application:	_ Application	n 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:	ircle one)- E	mail, Text, Cell Pho	ne, US Mail	_
Have you ever been convicted of Skills and Interests:	a felony?			
 Acceptance in the Men's Auxiliary or active-duty member of the grandparent, child or grandch DD214 or another form of proof the Ladies' Auxiliary, you mby either a regular member or 	military. Reild. Proof of of service ay apply for	lationship means eit military relationship a. Additionally, if the membership. The a	her spouse, so will be proving spouse is an oplicant must	ibling, parent, ded by either a active member
Relative's name		If military - pro	of of service	() DD214
(attached): Other proof				(attached)
 Non-Veteran First Responders active first responder status m 	-	• •	ry membersh	nip. Proof of
Sponsoring auxiliary member nar	ne and mem	bership #		
Sponsoring regular member nam	e and memb	oership #		

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 <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 ι	understand the guidelines of the	Men's Auxiliary Member	rship Guidelines.
Signed:		Date:	
******	*********	********	******

Applicant examir	ned by		
Date:	Approved: Yes	No	
******	***********	*******	******
(Do not sign belo	ow until accepted and given all m	aterials.)	
I have received a	ll other Men's Auxiliary rules in	luding By-Laws, Missic	on Statement/Rules
Summary and Me	embership policy. It is my respo	nsibility to read all of the	ese. Failure to read
information is no	t an acceptable excuse.		
Signature:			