



APPLICATION FOR MEMBERSHIP  
IN THE



**LUXEMBOURG BROTHERHOOD OF AMERICA**

The Fraternal Order of the Luxembourgers of the United States

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SECTION NO. 15

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Have you received a copy of the By-Laws, and have you read and do you agree to comply with the By-Laws of the Brotherhood and this Section? \_\_\_\_\_
2. Have you ever held membership in the Brotherhood prior to now? \_\_\_\_\_
3. If the answer to #2 is "Yes", to which Section did you belong? \_\_\_\_\_  
Did you pay dues and fulfill the obligations to that Section? \_\_\_\_\_
4. Are you of Luxembourg heritage? \_\_\_\_\_

I hereby apply for membership in the Luxembourg Brotherhood of America, and agree to comply with all the By-Laws of both the Brotherhood and Section.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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MEMBERSHIP EFFECTIVE DATE: \_\_\_\_\_

ORIGINAL COPY IS MAILED TO THE GRAND LODGE SECRETARY,  
CHRISTOPHER WALTON, 390 HAMILTON ROAD, ST. CHARLES, IL 60175

DUPLICATE COPY IS TO BE RETAINED BY THE SECTION FINANCIAL SECRETARY