



APPLICATION FOR MEMBERSHIP
IN THE

Luxembourg Brotherhood of America



The Fraternal Order of Luxembourgers of the United States

SECTION NO. _____

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE (HOME): _____ PHONE (CELL): _____

OCCUPATION: _____

SPONSOR'S NAME: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever held membership in the LBA prior to now? _____
2. If the answer to #1 is "Yes", to which Section did you belong? _____
Did you pay dues and fulfill the obligations to that Section? _____
3. 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: _____

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'S FINANCIAL SECRETARY