LOYAL ESCORT MEMBER APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	Phone:	Cell:
Current address:		
City:	State:	ZIP Code:
Email:		
☐ New ☐ Renew ☐ Reinstated ☐ Life (Sponsor must be Life member)		SSN#
☐ 2 YR $25 ☐LIFE ☐ 40 AND UNDER $175 ☐ 41-45 $145 ☐ 46-60 $125 ☐61-70 $100 ☐71-80 $75 ☐81+ $50		

SPONSOR INFORMATION		
Sponsor Name:		
Chapter Affiliation:		Do you live with sponsor Y N

EMERGENCY CONTACT		
Name of a relative **not** residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE/SIGNIFICANT OTHER INFORMATION IF APPLICABLE		
Name:		
Date of birth:	Email:	Phone:

SERVICE INFORMATION IF APPLICABLE		
Dates of Service		
Branch:		How long?
MOS		
Duty Stations:		

ABOUT MYSELF

SIGNATURES	
Signature of member:	Date:

Make checks payable to Loyal Escorts of the Green Garter
Mail to: Charles Ables 4940 Park Dr., Carlsbad, CA 92008