

LOYAL ESCORT MEMBER APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Cell:

Current address:

City:

State:

ZIP Code:

Email:

New Renew Reinstated Life ⁱ (Sponsor must be Life member)

2 YR \$30 LIFE 40 AND UNDER - \$180 41-45 - \$150 46-60 - \$130 61-70 - \$105 71-80 - \$80 81+ \$55

SPONSOR INFORMATION

WMA Sponsor Name:

Recruited byⁱⁱ:

Chapter Affiliation:

Do you live with sponsor Y N

Sponsor Life Member # if applicable

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

How did you hear about the Loyal Escorts?

Recruited By:

SIGNATURES

Signature of member:

Date:

**Make checks payable to Loyal Escorts of the Green Garter
Mail to: Alec Cousino 70160 Campground Romeo, Mi 48065**

ⁱ Must provide Sponsor Life member number.

ⁱⁱ Loyal Escort Sponsor/Recruiter is Optional.