

MEMBER BENEFITS

Join today for access to a growing slate of benefits designed to add value to your membership and keep money in your pocket.

Members in good standing receive protection through our Memorial Foundation, which provides medical and educational benefits to children of Eagles who lose their lives while at work or serving their country.

Eagles ages 55 and up with at least 10 years of membership have the option of spending their days at Eagle Village, an exclusive living community in beautiful Bradenton, Florida, with a library, recreation center, pool, and three-acre lake.

To help save money, your membership gives you access to great discounts from our affinity partners seen below.



FOR MORE DETAILS VISIT
WWW.FOE.COM

CERTIFICATION OF MEMBERSHIP

I hereby certify that I profess to be of good moral character, and believe in the existence of a Supreme Being, I am not a member in any other Aerie or Auxiliary within the Order, I am over eighteen (18) years of age, am not in any way connected or affiliated with the Communist Party, or believe in or advocate the overthrow of the government of this country by force or violence. I understand that the use of the social quarters of any Aerie of the F.O.E. shall be in conformity with the House Rules of that Aerie. I understand that my membership in the Order is conditioned on a favorable vote of the membership, and if rejected, I cannot apply for membership in any Aerie or Auxiliary until twelve (12) months have past.

I certify that the information I have provided is true and that no omission or concealment of information has been made of any fact or circumstance. I freely and without reservation accept and honor this Certification of Membership.

Please answer the following questions:

I have been rejected for membership in an Aerie or Auxiliary:

() Yes () No. If yes, date: ____/____/____

*I am a convicted felon: () Yes () No

*(WI, HI and Canada excluded on this question)

I am a registered sex offender: () Yes () No

_____, ____/____/____
Signature Date

Printed Name

TO BE COMPLETED BY THE AUXILIARY SECRETARY

Application submitted on ____/____/____

Elected to membership on ____/____/____

Initiated on ____/____/____

Rejected for membership on ____/____/____

Secretary Signature

We, the Interviewing Committee have interviewed the above named applicant on ____/____/____
Committee Members:

THE FRATERNAL ORDER OF EAGLES



AUXILIARY MEMBERSHIP APPLICATION

PEOPLE HELPING PEOPLE

APPLICATION TYPE: NEW RE-ENROLL DUAL APPLICANT TRANSFER
 () () () ()

CURRENT/FORMER AUXILIARY: _____ (RE-ENROLLED, DUAL AND TRANSFER)

WHO WE ARE

The Fraternal Order of Eagles is an international non-profit organization dedicated to philanthropic and service efforts which shape communities across the United States and Canada. Since 1898, the Eagles have been responsible for the creation of Mother's Day and the protection of senior citizens through the Social Security program.

Our nearly one million members have donated hundreds of millions of dollars to various organizations through the F.O.E. Charity Foundation, which houses a variety of funds dedicated to patient care and research for causes including cancer, heart disease, kidney disease, spinal cord injuries, pediatric ailments and more.

Our latest achievement, the Fraternal Order of Eagles Diabetes Research Center at the University of Iowa, opened its doors in 2014 to tackle diabetes through a \$25 million donation from the F.O.E.

Join us today to make a difference in your community!

AUXILIARY APPLICANT INFORMATION Please Print ALL Information Must be Completed

Name: _____

Mailing Address : _____

City: _____

St. /Prov. : _____ Zip: _____

Date of Birth: _____/_____/_____

Home Phone: _____-_____-_____

Cell Phone: _____-_____-_____

Email: _____

Occupation: _____

Marital Status: _____ Married _____ Single

Spouse's Name: _____

Number of Children under 21 years of age: _____

AUXILIARY RE-ENROLLED MEMBER INFORMATION

I understand and acknowledge that by re-enrolling in the Fraternal Order of Eagles, I may lose all prior years of membership in the Fraternity, which may affect my qualifications for Life Membership, Golden Age Eagle and for residence in Eagle Village.
(Must be signed by re-enroll applicant)

Signature of Re-Enrollee

Previous Auxiliary Name: _____

Location: _____ No. _____

PROPOSERS INFORMATION*

***ALL New and Re-Enroll Applicants must be proposed by two (2) Auxiliary Members of the Order in Good Standing. ALL information must be completed below.**

1st Proposer:

Name: _____

Address: _____

City: _____ St. /Prov. : _____ Zip: _____

GAID #: _____

Signature: _____

2nd Proposer:

Name: _____

Address: _____

City: _____ St. /Prov. : _____ Zip: _____

GAID #: _____

Signature: _____

NEW APPLICANTS: BE SURE TO SIGN THE STATEMENT ON THE OTHER SIDE OF THIS APPLICATION

Dual Applicant Information:

Name _____

GAID # _____ Auxiliary # _____

Transfer Applicant Information:

Name _____

GAID # _____ Auxiliary # _____

Please fill out all applicable information above for our records.

THANK YOU!

THIS IS YOUR RECEIPT.

**IT IS NOT VALID FOR ADMISSION
INTO ANY AERIE HOME.**

Received by _____

\$ _____ for the Initiation fee

\$ _____ dues to Auxiliary No. _____

City _____ St. /Prov. : _____

Received by
Signature _____

Date _____/_____/_____

Applicant
Signature _____