

HEREDITARY MEMBERSHIP: Complete this portion if you are a Descendant:

Name and Rank of Serviceperson: _____

Relationship to Serviceperson: _____

Arm and Unit of Service: _____

Served in France during World War I from _____ to _____

Served in France during World War II from _____ to _____

Served in French possession: _____ from _____ to _____

MAILING ADDRESS: Submit entire application, with corresponding proof(s) to:

The Order of Lafayette
Office of the President General
243 West 70th Street
Apartment 6F
New York, NY 10023-4321

MEMBERSHIP / DUES: After notification of acceptance, your obligation to the Order:

Initiation Fee: (Includes First Year's Annual Dues)	\$75.00
Annual Membership:	\$35.00*
Life Membership:	\$375.00*

*Recipients of the Congressional Medal of Honor or the French Medaille Militaire pay no annual dues to the Order of Lafayette. Please supply proof(s) of Award(s).

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Please do not write below this line. Thank you.
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For the Secretary: Proof(s) Checked: _____ Date: _____
(Initials of Secretary)

Membership Number Assigned: _____

President General: _____ Date: _____



AN INVITATION

TO

JOIN

THE ORDER OF LAFAYETTE