

Steuben Society of America Membership Application

Be sure to answer all questions!

Name _____ Date _____

Place _____

APPLICATION To The Steuben Society of America Membership:

"I hereby apply for membership in your Society, and if accepted, will give my best efforts to further its aims and purposes."

Have you ever been a member/proposed in any other Unit? _____

Are you a member of any political club, Society, League or any other organization (if yes, which ones)? _____

I am a citizen of the United States and of voting age _____

SIGNATURE (Any false information is sufficient for expulsion)

PLEASE MAIL THIS FORM TO: Steuben Society of America

One South Ocean Avenue, Suite 217, Patchogue, NY 11772

If you are a naturalized citizen, give date, place & issue number of naturalization paper _____

Occupation _____ DOB _____

Home Address _____

Town _____ State _____ Zip _____

Phone (____) _____ Work (____) _____

Born where _____

Nationality of Father _____

Nationality of _____

Mother _____

If parents are American-born, are they of German

descent? _____

Recommended by _____

Introduction Fee _____ Unit # _____

Date Elected _____ Date Introduced _____

QUESTIONS? PLEASE CALL (631) 730-5111