NATIONAL HEADQUARTERS



TO: ALL REGIONAL PRESIDENTS

Attached is the necessary information required for "Organizing a Unit."

All the information is attached except for a copy of the C&BL. Because of the cost and bulk of our Constitution and Bylaws, it was decided that when you have a definite commitment for the formation of a new Unit, you are to contact the National Financial Secretary to order one copy of the C&BL and one copy of the Unit Procedure Manual. She will supply you with additional applications and transfer forms as needed.

HAPPY RECRUITING!!!!

2/98 6/00 3/2012 9/2020

NATIONAL HEADQUARTERS



SUBJECT: ORGANIZATION OF A UNIT

The Regional President shall forward or deliver to the Branch Secretary, a copy of these instructions for forming a Unit, together with:

- 2 Applications for Charter forms
- 5 Special Certification Forms
- 25 Membership Applications
- 5 Transfer Forms
- 5 Address Forms
- 1 Current National Officer Roster
- 1 Current President and Secretary Roster
- 2 PCT A Forms
- 2 PCT B Forms
- 2 Supply Order Forms (page 1 & page 2)
- 1 Unit Procedure Manual

1. <u>HOW TO ORGANIZE A UNIT OF THE LADIES AUXILIARY TO THE FLEET RESERVE</u> ASSOCIATION

It is known that an Auxiliary Unit can be of great value to a FRA Branch as an aid in Welfare, Social and Patriotic work.

a. According to Article 13, Section 1309 of the FRA C&BL, "NO UNIT OF THE LA FRA SHALL BE FORMED UNTIL ITS SPONSORING BRANCH HAS VOTED SUCH AUTHORIZATION. THE ENTIRE MEMBERSHIP OF THE BRANCH SHALL BE NOTIFIED AT LEAST 10 (TEN) DAYS IN ADVANCE OF THE MEETING AT WHICH SUCH ACTION TO AUTHORIZE SAID UNIT IS TAKEN." Section 1309 (a) reads, THE PROVISIONS OUTLINED IN SECTION 1309 MAY BE WAIVED BY THE NBOD WITH THE RECOMMENDATION OF THE CHAIRMAN, NATIONAL COMMITTEE ON MEMBERSHIP AND RETENTION, DURING THE ORGANIZATIONAL PROCESS OUTLINED IN SECTION 1201 C&BL, FRA. A MAJORITY VOTE OF PETITIONERS MUST BE SANCTIONED AND REPORTED TO THE NATIONAL PRESIDENT, LA FRA.

A MAJORITY VOTE SANCTIONS THE FORMATION OF AN AUXILIARY UNIT. THE BRANCH PRESIDENT AND SECRETARY SHALL SO CERTIFY OVER THEIR SIGNATURES, TO THE REGIONAL PRESIDENT FRA, THE REGIONAL PRESIDENT LA FRA, AND NATIONAL PRESIDENT OF LA FRA.

b. After the Branch has voted authorization to form a Unit of the LA FRA, the Branch Secretary and President shall notify the LA FRA's National President over their personal signatures on

- the Special Certification Form, that Article 13, Section 1309 of the FRA C&BL have been complied with, and the Branch has approved the sponsorship of the Unit.
- c. After the approval by the Branch to form a Unit, to consist of a group of at least 15 (fifteen) candidates of which 10 (ten) may be members of the Auxiliary requesting a transfer in order to affiliate with the new Unit and 5 (five) shall be new or reinstated members. An organizational meeting should be called where preliminary steps can be taken to form a Unit. (This is when the aims and purpose of the Ladies Auxiliary and its operation can be explained.

2. GUIDELINES FOR THE FIRST MEETING OF PROSPECTIVE MEMBERS OF A NEW UNIT:

- a. With the general approval of the prospective members of the Unit, a temporary Chairman and temporary Secretary may be elected by a majority vote. Membership applications shall then be filled out. NOT LESS THAN 1 (ONE) YEARS DUES WILL BE ACCEPTED FOR A NEW OR REINSTATED MEMBER. The Temporary chairman now entertains a motion for the nomination of President, the temporary chairman steps down and the newly elected President presides. She will now open nominations for the other Officers as stated in the LA FRA C&BL, Article 14, Section 1401 (b) thru (n).
- b. A motion is now entertained for application for the Charter. The Charter may be kept open for 30 days after presentation in order that additional names may be added if the Unit so desires. The application for Charter **SHALL BE SIGNED BY ALL MEMBERS.** This application which is done in duplicate is then submitted to the Sponsoring Branch for signatures of the Branch President and Branch Secretary.
- c. The elected Unit Secretary shall then forward the application for the Charter, membership applications, dues payments for the entire full amount collected), and transfer forms for all members transferring to the new Unit to the NATIONAL FINANCIAL SECRETARY.
 - One copy of application for Charter (with typewritten list) shall also go to the National Executive Secretary.
- d. When the Charter is received by the LA FRA Regional President, The Regional President shall then make arrangements for Institution, Initiation, and Installation of Officers of the new Unit. If she cannot be the Instituting and/or Installing Officer, she may delegate this duty to some other qualified person.
- e. Each NEW MEMBER shall receive a membership pin at the Institution Ceremonies.

NOTE: NO UNIT CHARTER WILL BE APPROVED UNTIL THE SPECIAL CERTIFICATION FORMS, THE APPLICATION FOR CHARTER, APPLICATION FORMS PROPERLY FILLED OUT, AND DUES PAYMENT FOR ALL MEMBERS ARE RECEIVED.

THANK YOU AND GOOD LUCK!

NATIONAL HEADQUARTERS



ΚĿ	:GIONUNIT #UNIT NAME			
	e following information is to be furnished to the National Executive Secretary, National Financial Secretary by the Regional President for record purposes.	onal	President	and
1.	Name of Instituting Officer:			
2.	Name of Installing Officer:	•		
3.	Date of Institution, Initiation of Members and Installation of Officers for Auxiliary Year:	·		
4.	Name and Address of Unit President:			
5.	Phone Number of Unit President:			
6.	Name and Address of Unit Secretary			
7.	Phone Number of Unit Secretary:			
8.	Location of Meeting Place:			
9.	Date of Meeting Place:			
10.	Time of Meeting:			
11.	Name & Address of Unit Vice Pres:			

NATIONAL HEADQUARTERS



SPECIAL CERTIFICATION FORM

TO BE USED BY BRANCHES OF THE FLEET RESERVE ASSOCIATION TO COMPLETE AFTER VOTING TO SPONSOR A UNIT OF THE LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION.

TO:	NATIONAL PRES	SIDENT, LADIES	AUXILIARY	OF THE FLEET	RESERVE AS	SOCIATION
	BRANCH	·				
This is t	o certify that Brand	ch		#		
of	City		State	Zip		
and will	sponsor a Unit of the President, Branch	the Ladies Auxilia	ry of the Flee	t Reserve Assoc	ciation.	and voting, did approve
	President, Branc	n #		Secretary, Bra	ncn #	_
UNIT O	RGANIZED BY: _		(Name)			<u> </u>
			(Address)			<u> </u>
		(City)		(State)	(Zip)	

NOTE: One (1) Copy of the certification is to be mailed to each of the following IMMEDIATELY.

LA FRA National President

LA FRA National Executive Secretary LA FRA National Financial Secretary

LA FRA Regional President
One copy for Branch File.

NATIONAL HEADQUARTERS



APPLICATION FOR CHARTER

SECTION 301. Membership in the Ladies Auxiliary of the Fleet Reserve Association shall be limited to Wife, Sister, Daughter, Stepdaughter, Husband, Brother, Son, Stepson, Mother, Father, Widow, Widower, Granddaughter, Grandson, Grandmother, and Grandfather, not less that sixteen (16) years of age of members of the Fleet Reserve Association, and Widow, Sister, Daughter, Stepdaughter, Widower, Brother, Son, Stepson, Mother, Father, Granddaughter, Grandson, Grandmother, and Grandfather, not less than sixteen (16) years of age of persons eligible for membership at the time of death.

Reserve Association, having complied wi and Bylaws, do hereby make application f	BLE FOR MEMBERSHIP in the Ladies Auxiliary of the Fleet th Article 11, Section 1101 as set forth in their Constitution for Charter in the Ladies Auxiliary to form a Unit to be known of the Fleet Reserve Association, located in the State of
	y of the freet reserve 7.5500iation, located in the otate of
, City of	_•
AND HEREBY PROMISE TO ABIDE B'	Y THE CONSTITUTION AND BYLAWS OF THE ABOVE
ORGANIZATION.	
<u>PLEASE PRINT ALL MEMBER'S NAMES, A</u>	AND ADDRESSES CLEARLY TO INCLUDE THE ZIP+4
MEMBERS MUST SIGN DOCUMENT	
NAME	ADDRESS WITH 9-DIGIT ZIP+4

#7. Name	Address
STZip +4	Member Signature
#8. Name	Address
STZip +4	Member Signature
#9. Name	Address
STZip +4	Member Signature
#10 Name	Address
STZip +4	Member Signature
#11. Name	Address
STZip +4	Member Signature
#12. Name	Address
STZip +4	Member Signature
	Address
STZip +4	Member Signature
#14. Name	Address
STZip +4	Member Signature
#15. Name	Address
STZip +4	Member Signature
#16. Name	Address
STZip +4	Member Signature
#17. Name	Address
STZip +4	Member Signature
#18. Name	Address
STZip +4	Member Signature
#19. Name	Address
STZip +4	Member Signature
#20. Name	Address
STZip +4	Member Signature
#21. Name	Address
STZip +4	Member Signature
#22. Name	Address
STZip +4	Member Signature
	Address
STZip +4	Member Signature
#24. Name	Address

ST	Zip +4	Member Signature		
#25. Na	ame	Addres	ss	
ST	Zip +4	Member Signature		
_	•	named applicants for Charter a Auxiliary of the Fleet Reser		Ladies Auxiliary of the Fleet nereby approved.
DATE		SIGNED:		
		F	President Branch #	
			Secretary Branch	<u></u>

- 1. Mail Application for Charter; Membership applications; Dues payments for the entire full amount collected); Transfer forms for all members who are transferring to the New Unit, to the NATIONAL FINANCIAL SECRETARY. (All checks should be payable to LA FRA.)
- 2. Mail a copy of the Application for Charter to the National Executive Secretary with the typewritten list.

NATIONAL HEADQUARTERS



TO: ALL REGIONAL PRESIDENTS

Attached is the necessary information required for "Organizing a Unit."

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2/98 6/00 3/2012 9/2020

NATIONAL HEADQUARTERS



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- c. After the approval by the Branch to form a Unit, to consist of a group of at least 15 (fifteen) candidates of which 10 (ten) may be members of the Auxiliary requesting a transfer in order to affiliate with the new Unit and 5 (five) shall be new or reinstated members. An organizational meeting should be called where preliminary steps can be taken to form a Unit. (This is when the aims and purpose of the Ladies Auxiliary and its operation can be explained.

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THANK YOU AND GOOD LUCK!

NATIONAL HEADQUARTERS



ΚĿ	:GIONUNIT #UNIT NAME			
	e following information is to be furnished to the National Executive Secretary, National Financial Secretary by the Regional President for record purposes.	onal	President	and
1.	Name of Instituting Officer:			
2.	Name of Installing Officer:	•		
3.	Date of Institution, Initiation of Members and Installation of Officers for Auxiliary Year:	·		
4.	Name and Address of Unit President:			
5.	Phone Number of Unit President:			
6.	Name and Address of Unit Secretary			
7.	Phone Number of Unit Secretary:			
8.	Location of Meeting Place:			
9.	Date of Meeting Place:			
10.	Time of Meeting:			
11.	Name & Address of Unit Vice Pres:			

NATIONAL HEADQUARTERS



SPECIAL CERTIFICATION FORM

TO BE USED BY BRANCHES OF THE FLEET RESERVE ASSOCIATION TO COMPLETE AFTER VOTING TO SPONSOR A UNIT OF THE LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION.

TO:	NATIONAL PRES	SIDENT, LADIES	AUXILIARY	OF THE FLEET	RESERVE AS	SOCIATION
	BRANCH	·				
This is t	o certify that Brand	ch		#		
of	City		State	Zip		
and will	sponsor a Unit of the President, Branch	the Ladies Auxilia	ry of the Flee	t Reserve Assoc	ciation.	and voting, did approve
	President, Branc	n #		Secretary, Bra	ncn #	_
UNIT O	RGANIZED BY: _		(Name)			<u> </u>
			(Address)			<u> </u>
		(City)		(State)	(Zip)	

NOTE: One (1) Copy of the certification is to be mailed to each of the following IMMEDIATELY.

LA FRA National President

LA FRA National Executive Secretary LA FRA National Financial Secretary

LA FRA Regional President
One copy for Branch File.

NATIONAL HEADQUARTERS



APPLICATION FOR CHARTER

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WE, THE UNDERSIGNED, BEING ELIGIBLE FOR MEMBERSHIP in the Ladies Auxiliary of the Fleet

Reserve A	ssociation, having con	nplied with Article	11, Section 110	1 as set forth in	their Cor	nstitution
	s, do hereby make app					
as Unit #	, Ladies	Auxiliary of the F	leet Reserve As	ssociation, locate	ed in the	State of
, City	y of EBY PROMISE TO A	·····				
AND HER	EBY PROMISE TO A	BIDE BY THE C	ONSTITUTION	AND BYLAWS	OF THE	ABOVE
ORGANIZ	ATION.					
	RINT ALL MEMBER'S N		RESSES CLEARL	<u>Y TO INCLUDE T</u>	HE ZIP+4	i
<u>MEMBERS</u>	MUST SIGN DOCUMEN	<u>NT</u>				
	<u>NAME</u>		ADDRE	SS WITH 9-DIGI	T ZIP+4	
#1. Name_			Address			
ST	Zip +4	_ Member Signatu	re			
#2. Name			_Address			
ST	Zip +4	_ Member Signatu	re			
#3. Name_			Address			
ST	Zip +4	_ Member Signatu	re			
#4. Name_			Address			
ST	Zip +4	Member Signatu	re			

#5. Name		Address
ST	_Zip +4	Member Signature
#6. Name		Address
ST	_ Zip +4	Member Signature
#7. Name		Address
ST	_ Zip +4	Member Signature
#8. Name		Address
ST	_ Zip +4	Member Signature
#9. Name		Address
ST	_ Zip +4	Member Signature
#10 Nam	e	Address
ST	_ Zip +4	Member Signature
#11. Nam	e	Address
ST	_ Zip +4	Member Signature
#12. Nam	e	Address
ST	_ Zip +4	Member Signature
#13. Nam	e	Address
ST	_ Zip +4	Member Signature
#14. Nam	e	Address
ST	_ Zip +4	Member Signature
#15. Nam	e	Address
ST	_ Zip +4	Member Signature
#16. Nam	e	Address
ST	_ Zip +4	Member Signature
#17. Nam	e	Address
ST	_ Zip +4	Member Signature

#18. Na	ime		Address
ST	Zip +4	Member Signa	ature
#19. Na	ame		Address
ST	Zip +4	Member Signa	ature
#20. Na	ime		Address
ST	Zip +4	Member Signa	ature
#21. Na	ame		Address
ST	Zip +4	Member Signa	ature
#22. Na	ame		Address
ST	Zip +4	Member Signa	ature
#23. Na	ame		Address
ST	Zip +4	Member Signa	ature
#24. Na	nme		Address
ST	Zip +4	Member Signa	ature
#25. Na	ame		Address
ST	Zip +4	Member Signa	ature
#26. Na	ame		Address
ST	Zip +4	Member Signa	ature
#27. Na	ame		Address
ST	Zip +4	Member Signa	ature
Reserve	e Association dba A	Auxiliary of the Fleet R	arter of Unit # Ladies Auxiliary of the Fleet eserve Association is hereby approved.
DATE _		SIGNED:	President Branch #
			Secretary Branch #

- 1. Mail Application for Charter; Membership applications; Dues payments for the entire full amount collected); Transfer forms for all members who are transferring to the New Unit, to the NATIONAL FINANCIAL SECRETARY. (All checks should be payable to LA FRA.)
- 2. Mail a copy of the Application for Charter to the National Executive Secretary with the typewritten list.

LA FRA MEMBERSHIP APPLICATION



Husband

Brother

Stepson

Son

Granddaughter

Grandmother Grandfather

Grandson

ABOUT OUR ORGANIZATION: Founded in 1930, the LA FRA is a federally chartered organization. LA FRA Units are located throughout the United States and the Philippines. Eligible persons may also become Members-at-Large (MAL) who do not have access to, nor desire to join a Unit. The LA FRA has a proud standing tradition and heritage that supports this great nation and recognizes the sacrifices, past and present, of those who kept us strong and free.

WHAT WE DO: The LA FRA plays an active role in our communities. Local units sponsor youth programs, welfare projects, social and patriotic activities to benefit the communities at large, veteran programs and the active duty community. The organization provides annual scholarships to outstanding students each year.

WHO CAN JOIN? All applicants must be at least sixteen (16) years of age.

Membership in the Ladies Auxiliary of the Fleet Reserve Association is limited to spouses, parents, grandparents, sisters, brothers, children, stepchildren and grandchildren not less than 16 years of age of members of the Fleet Reserve Association and widows, widowers, parents, grandparents, sisters, brothers, children, stepchildren and grandchildren not less than 16 years of age of persons who were members at the time of death or eligible to be members of the Fleet Reserve Association at the time of death.

HOW CAN I JOIN? Members fall into two categories. Members who belong to an LA FRA Unit or Members who do not but join as "Members-at-Large."

Join the Lac	dies Auxiliar	of the FRA	(DBA Auxiliary of the I	FRA)	
Name in Full:					
	(First)	(1	Middle)	(Last)	
Address:	(Street)		(City)	(State)	((Zip + 4)
				, ,	((
Email:					
The follow	ving service member	information validat	es this application:		
	(Serviceman's F	ull Name)		(Rate/Rank)	(USN/ USMC/ USCG)
☐ Certify that the info	ormation is true and acc	curate and that my s	ponsor is a member of FRA	A Branch	or is MAI
☐ Certify that the info	ormation is true and acc	curate and that my s	ponsor was eligible for me	mbership at the time of de	ath.
Unit Preference		Applicant's Signature	e		Date
Recruiter			Membe	er#	Unit #
Verified by			_ Title	Unit\Branch	Date
1 1	Wife	Mother	7		
I am the:	Sister	Father		Annual Memberh	·
	Daughter	Widow		\$40.00 for 2 Y	
	Stepdaughter	Widower		\$60.00 for 3 Y	

<u> </u>
Make all checks or money orders payable to LA FRA.
Along with signed application and payment, mail to:
National Financial Secretary
PO Box 3037

\$80.00 for 4 Years

\$100.00 for 5 Years

Carson City NV 89702



LADIES AUXILIARY of the FLEET RESERVE ASSOCIATION dba AUXILIARY of the FLEET RESERVE ASSOCIATION.

REPORT OF CHANGE OF ADDRESS			PLEASE CORRECT THE BELOW MEMBER'S ADDRESS	Membership No	Middle Phone#		Street		Street	Unit Secretary
REP	No.	al Secretary	LEASE CORRECT 1		First					
No.	From: Secretary, Unit No	To: National Financial Secretary	<u>a</u> .	Name		Old Address	Citv, State, Zip	New Address		Member

(Member and Secretary must sign, send three (3) copies to NFS and keep copy for Unit files



LADIES AUXILIARY of the FLEET RESERVE ASSOCIATION dba AUXILIARY OF THE FLEET

REPORT OF TRANSFER OF MEMBERSHIP

RESERVE ASSOCIATION.

From:	Secretary, Unit No	
To:	Secretary, Unit No	
Members Name_	s Name	Membership No
(Signatur	(Signature of Member)	
Address		
City, State	City, State, Zip+4	
Email:		
Member	Member originally joined (or last reinstated in) Unit No	on
Continuo	Continuous Membership record to date of transfer (insert dates and Units)	lnite)
Class of brother, o	Class of membership: (circle the one that applies to member's status). Spouse, widow. Widower, parent, grandparent, sister, brother, child, stepchild, grandchild, (circle one)	widow. Widower, parent, grandparent, sister,
Sponsor's name_	's name	Branch No
Mail 3 co return 1 c the NFS	Mail 3 copies of this form to the National Financial Secretary who will affect the transfer. The National Financial Secretary will return 1 copy to the Unit the member is transferring to and will retain 1 copy in the NFS files for a period of one year.	transfer. The National Financial Secretary will member is transferring to and will retain 1 copy in

National Financial Secretary sign, and date

Secretary sign, Unit #, and date

Month PCT "A"

Unit#_

20_

Please type or Print Legibly.

Unit Secretary Signature

REPORT OF NEW MEMBER (CODE 59)

	•		•		-
Birthdate (8)					
Phone (7)					
Address Street, City, State, Zip (6)					CODE 52)
Email Address (5)					REPORT OF REINSTATED MEMBERS (CODE 52)
Name Last First (4)					
Paymnt (3)					
Serv Affil Code Code (1) (2)					
Serv Code					

Ø.							
Birthdat	(17)						
Phone	(16)						
Address	(15)						
Email Address	(14)						REPORT OF MEMBERSHIP RENEWALS
Name First	(13)						
Paymnt	(12)						
Affil	(11)						
Serv Code	(10)						
Mem	(6)						
	Affil Paymnt Name Email Address Address	Paymnt Last First Email Address Phone Phone (12) (13) (14) (15) (16)	Affile Paymnt Last Last (13) First (14) Email Address Address Phone (16)	Affile Paymut Last Last (13) First (14) Email Address (15) Phone (16) Phone (16)	Affile Paymnt Last Last (13) Email Address Address Phone (16) (11) (12) (13) (14) (15) (16) (11) (12) (13) (14) (15) (16)	Affile Paymut Last Last (13) Email Address Address Phone (16) (11) (12) (13) (14) (15) (16) (11) (12) (13) (14) (15) (16) (12) (13) (14) (16) (16) (12) (13) (14) (16) (16) (13) (14) (15) (16) (16) (14) (15) (16) (16) (16) (15) (16) (16) (16) (16)	Affile Paymut Last Last (13) First (14) Email Address Address Phone (16) (11) (12) (13) (14) (15) (16) (11) (12) (13) (14) (16) (12) (13) (16) (16) (12) (13) (14) (16) (14) (15) (16) (16) (15) (16) (16) (16) (16) (17) (18) (19) (19) (18) (19) (10) (10) (10) (18) (19) (10) (10) (10) (19) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (

	Member Payment	Name	Email	
_	(19)	(20)	(21)	
	1/24/2021 PE	REVISED 1/24/2021 PER NP LA FRA		

20 _ Month_ Unit# PCT "B"

Please type or Print Legibly.

PART A

Unit Secretary Signature

REPORT OF CHANGE OF RECORD OF MEMBER-----PLEASE ENTER ALL INFORMATION

Birthdate (8)					
Phone (7)					
Address Street, City, State, Zip (6)					
Email Address (5)					TRANSFERS (CODES 56, 57, 58)
Name First (4)					
Affil Code (3)					
Serv Code					
Member Serv Affil Number Code Code (1) (2) (3)					PART B

Member	Name	Email	Code	Birthdate	Membership	From/To	Send Card
(6)	riist Last (10)	(11)	(12)	(13)	(14)	Offic Number (15)	(16)
PARTC	REPOR'	REPORT OF DECEASED (53) RESIGNATIONS (50), INELIGIBLE (55)	3LE (55)				

Member	Member I ast Name	First Name	Date of Death if applicable	Code
(17)		(18)		(19)
REVISED 1	REVISED 1/24/2021 PER NP LA FRA			

LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION PRICE LIST/ORDER FORM (Revised January 2021)

Name		Date Ordered	
Address		Unit #	
Address		Offic#	
City, State, Zip		Phone#	
Email address:			
Name of Unit:			
	ALL ORDERS ARE PREPAID WITH CHECKS MADE PAYABLE	E TO: LA FRA	
Send Order and	Payment To:		
	LAFRA		
	Brenda Horton NFS		
	PO Box 3037		
	Carson City NV 89702		
QUANITY	ITEM	UNIT PRICE	AMOUNT
	LA FRA History Book (Include Name of Purchaser)	\$40.00	
	LA FRA History 5 year insert	\$20.00	
	Certificate of Appreciation (each)	\$0.50	
	Blue and Gold Ribbon (per yard)	\$3.00	
	LA FRA Patch 2-1/4" X 2-1/4" (Each)	\$2.00	
	LA FRA Decals 4-1/4" X 4-1/4" (Each)	\$1.50	
	LA FRA Seals 1-1/8" X 1-1/8" (per roll of 50)	\$3.00	
	Membership Pins Unit Flag Banner (Requires Processing Time)	\$3.00	
	SERVICE GUARDS	+	
	5 Year	\$10.00	
	10 Year	\$10.00	
	15 Year	\$10.00	
	20 Year	\$10.00	
	25 Year	\$10.00	
	30 Year	\$10.00	
	35 Year	\$10.00	
	40 Year	\$10.00	
	45 Year	\$10.00	
	50 Year (Provide Member Name)		ng Rule SR-28(I)
	55 Year (Provide Member Name) 60 Year (Provide Member Name)	\$10.00 \$10.00	
	65 Year (Provide Member Name)	\$10.00	
	70 Year (Provide Member Name)	\$10.00	
	PAST OFFICER'S PINS	4.0.00	
	Past Unit President Pin w/guard	\$35.00	
	Past Unit Vice-President Pin w/guard	\$20.00	
	Past Unit Secretary Pin w/guard	\$20.00	
	Past Unit Treasurer Pin w/guard	\$20.00	
	Past Unit Chaplain Pin w/guard	\$20.00	
	Past Unit Secretary/Treasurer Pin w/guard	\$20.00	
	Past Unit Director Pin (no guard) Past Unit President Guard	\$15.00 \$9.00	
	Past Unit Vice-President Guard	\$9.00	
	Past Unit Secretary Guard	\$9.00	
	Past Unit Treasurer Guard	\$9.00	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard	\$9.00	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard	\$9.00 \$9.00	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS	\$9.00 \$9.00 \$9.00 \$9.00	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
These items an	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total available for download @ www.la-fra.org	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
These items an No longer throu	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total a available for download @ www.la-fra.org ugh the NFS	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total available for download @ www.la-fra.org	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total available for download @ www.la-fra.org ugh the NFS Membership Applications/and Brochures	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total available for download @www.la-fra.org ugh the NFS Membership Applications/and Brochures PCT "A" Membership Form PCT "B" Membership Form Order Form/Price List	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total available for download @ www.la-fra.org ugh the NFS Membership Applications/and Brochures PCT "A" Membership Form PCT "B" Membership Form Order Form/Price List Membership Transfer Forms	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	
	Past Unit Treasurer Guard Past Unit Secretary Guard Past Unit Secretary/Treasurer Guard Past Unit Director Guard REPLACEMENT FOR LOST PINS Gold Pin Replacement Silver Star Replacement Silver Anchor Replacement Total available for download @www.la-fra.org ugh the NFS Membership Applications/and Brochures PCT "A" Membership Form PCT "B" Membership Form Order Form/Price List	\$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$9.00 \$3.50	