

**LEGION OF HONOR
MIZPAH SHRINE CENTER
FORT WAYNE INDIANA**

PLEASE PRINT

I acknowledge the Constitution and By-Laws of the MIZPAH Shrine,
Legion of Honor and hereby submit this application for membership.

NAME: _____
Last name First Name Initial

Address _____
Number Street

City State Zip Code

Phone: _____ E-Mail: _____

LADIES NAME: _____ Blue Lodge: _____

SERVICE BRANCH	Present Status
ARMY _____	ACTIVE _____
NAVY _____	RESERVE _____
AIR FORCE _____	RETIRED _____
MARINE CORPS _____	DISCHARGED _____
COAST GUARD _____	

MILITARY SERVICE DATES:
DATE ENTERED _____ SEPARATION RANK: _____
DATE SEPARATED _____ HIGHEST RANK: _____

COPY OF DD-214 OR CURRENT ORDER ASSIGNMENT ATTACHED _____

Current Dues Submitted : _____

Applicants Signature: _____

Recommended by LOH Noble _____