

Membership Application

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

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

Name

last name	first name	initial
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Address

number	street
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city	state	zip code
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Phone

_____ E-Mail _____

Service Branch

Army

Navy

Air Force

Marine Corps

Coast Guard

Present Status

Active

Reserve

Retired

Discharged

Military Service Dates

Date Entered _____

Separation Rank _____

Date Separated _____

Highest Rank _____

Copy of DD-214 or Current Order Assignment Attached

Current Dues Submitted

Applicant's Signature _____

Recommended by LOH Noble _____