

<p>Ladies Auxiliary Military Order of the Purple Heart</p>	<p>PLEASE PRINT ALL INFORMATION</p>
<p>Application for Associate Membership</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone# (____) _____ Email _____</p> <p>I am the _____ of LAMOPH member _____ <i>Relationship Auxiliary member name & member #</i></p> <p>Who is the _____ of _____ <i>Auxiliary member's relationship to Purple Heart recipient who is / is not a MOPH member</i></p> <p>Applicant Signature _____</p> <p>Sponsor (signed up by) _____</p> <p>Certifying MOPH Member _____ <i>I certify that the applicant above is related as indicated to the LA member.</i></p> <p>Applicant: Date of Birth _____ Unit # _____ Date _____</p> <p>Complete and mail to: National Membership Officer, 190 E. Olmstead Dr. C-12 Titusville, FL 32780 Email: tara@purpleheartmi.com</p>
<p>In accordance with Article III of LAMOPH Constitution and Bylaws Membership as Associate members is granted on the basis of "female parent, lineal descendants and sisters of all persons eligible for membership in the Auxiliary. Documentation of relationship to the LAMOPH member may be required. The National Membership Officer will make the final determination on eligibility.</p> <p><i>Dues include subscription to the Purple Heart Magazine</i></p>	

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