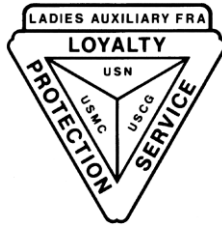


**Ladies Auxiliary of the Fleet Reserve Association  
dba Auxiliary of the Fleet Reserve Association  
NATIONAL HEADQUARTERS**



TO: ALL REGIONAL PRESIDENTS

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

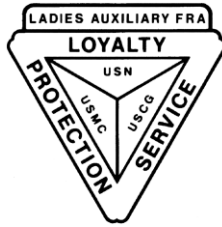
All the information is attached except for a copy of the C&BL. Because of the cost and bulk of our Constitution and Bylaws, it was decided that when you have a definite commitment for the formation of a new Unit, you are to contact the National Financial Secretary to order one copy of the C&BL and one 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



**Ladies Auxiliary of the Fleet Reserve Association**  
**dba Auxiliary of the Fleet Reserve Association**  
**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. HOW TO ORGANIZE A UNIT OF THE LADIES AUXILIARY TO THE FLEET RESERVE 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!

**Ladies Auxiliary of the Fleet Reserve Association  
dba Auxiliary of the Fleet Reserve Association  
NATIONAL HEADQUARTERS**



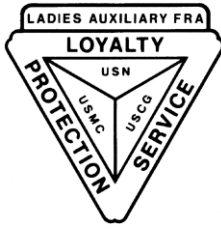
REGION \_\_\_\_\_ UNIT # \_\_\_\_\_ UNIT NAME \_\_\_\_\_

The following information is to be furnished to the National Executive Secretary, National President and National Financial Secretary by the Regional President for record purposes.

- 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: \_\_\_\_\_  
\_\_\_\_\_



**Ladies Auxiliary of the Fleet Reserve Association  
dba Auxiliary of the Fleet Reserve Association  
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.

DATE: \_\_\_\_\_

TO: NATIONAL PRESIDENT, LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION

FROM: BRANCH \_\_\_\_\_ # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

This is to certify that Branch \_\_\_\_\_ # \_\_\_\_\_

of City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

having complied with Article 13, Section 1309 of the Constitution and Bylaws of the Fleet Reserve Association at a meeting held on (Date) \_\_\_\_\_ by a majority of the members present and voting, did approve and will sponsor a Unit of the Ladies Auxiliary of the Fleet Reserve Association.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
President, Branch # \_\_\_\_\_ Secretary, Branch # \_\_\_\_\_

UNIT ORGANIZED BY: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

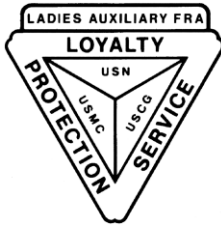
\_\_\_\_\_  
(City) (State) (Zip)

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.





**Ladies Auxiliary of the Fleet Reserve Association  
dba Auxiliary of the Fleet Reserve Association  
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 than 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.

WE, THE UNDERSIGNED, BEING ELIGIBLE FOR MEMBERSHIP in the Ladies Auxiliary of the Fleet Reserve Association, having complied with Article 11, Section 1101 as set forth in their Constitution and Bylaws, do hereby make application for Charter in the Ladies Auxiliary to form a Unit to be known as Unit # \_\_\_\_\_, Ladies Auxiliary of the Fleet Reserve Association, located in the State of \_\_\_\_\_, City of \_\_\_\_\_.

AND HEREBY PROMISE TO ABIDE BY THE CONSTITUTION AND BYLAWS OF THE ABOVE ORGANIZATION.

**PLEASE PRINT ALL MEMBER'S NAMES, AND ADDRESSES CLEARLY TO INCLUDE THE ZIP+4**  
**MEMBERS MUST SIGN DOCUMENT**

<u>NAME</u>	<u>ADDRESS WITH 9-DIGIT ZIP+4</u>
#1. Name _____	Address _____
ST _____ Zip +4 _____	Member Signature _____
#2. Name _____	Address _____
ST _____ Zip +4 _____	Member Signature _____
#3. Name _____	Address _____
ST _____ Zip +4 _____	Member Signature _____
#4. Name _____	Address _____
ST _____ Zip +4 _____	Member Signature _____
#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 Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#11. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#12. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#13. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#14. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#15. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#16. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#17. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#18. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#19. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#20. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#21. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#22. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#23. Name \_\_\_\_\_ Address \_\_\_\_\_  
ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#24. Name \_\_\_\_\_ Address \_\_\_\_\_

ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

#25. Name \_\_\_\_\_ Address \_\_\_\_\_

ST \_\_\_\_\_ Zip +4 \_\_\_\_\_ Member Signature \_\_\_\_\_

Eligibility of the above named applicants for Charter of Unit # \_\_\_\_\_ Ladies Auxiliary of the Fleet Reserve Association dba Auxiliary of the Fleet Reserve 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



**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 Ladies Auxiliary of the FRA (DBA Auxiliary of the FRA)

Name in Full: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) ((Zip + 4)

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_



*The following service member information validates this application:*

\_\_\_\_\_  
(Serviceman's Full Name) (Rate/Rank) (USN/ USMC/ USCG)

Certify that the information is true and accurate and that my sponsor is a member of FRA Branch \_\_\_\_\_ or is MAL

Certify that the information is true and accurate and that my sponsor was eligible for membership at the time of death.

Unit Preference \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recruiter \_\_\_\_\_ Member # \_\_\_\_\_ Unit # \_\_\_\_\_

Verified by \_\_\_\_\_ Title \_\_\_\_\_ Unit/Branch \_\_\_\_\_ Date \_\_\_\_\_



I am the:

	Wife		Mother
	Sister		Father
	Daughter		Widow
	Stepdaughter		Widower
	Husband		Granddaughter
	Brother		Grandson
	Son		Grandmother
	Stepson		Grandfather

Annual Membership Dues:	
	\$25.00 for 1 Year
	\$50.00 for 2 Year
	\$75.00 for 3 Years
	\$100.00 for 4 Years
	\$125.00 for 5 Years

Make all checks or money orders payable to LA FRA. Along with signed application and payment, mail to:  
 National Financial Secretary  
 PO Box 706  
 Goose Creek SC 29445





Join the Ladies Auxiliary of the FRA DBA Auxiliary of the FRA: Membership Application



I am the:

Name in full \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip+4

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Wife	Mother
Sister	Father
Daughter	Widow
Stepdaughter	Widower
Husband	Granddaughter
Brother	Grandson
Son	Grandmother
Stepson	Grandfather

The following service member information validates this application:



\_\_\_\_\_  
SERVICEMEMBERS FULL NATE RATE/RANK USN/USMC/USCG

I certify that the information is true and accurate and that my sponsor is a member of Branch \_\_\_\_\_ or MAL

I certify that the information is true and accurate that my sponsor was eligible for membership at time of death.

Unit preference \_\_\_\_\_ Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

\$25	1 Year
\$50	2 Years
\$75	3 Years
\$100	4 Years
\$125	5 Years

Recruited by \_\_\_\_\_ Member # \_\_\_\_\_ Unit/Branch \_\_\_\_\_

Verified by \_\_\_\_\_ Title \_\_\_\_\_ Unit/Branch \_\_\_\_\_ Date \_\_\_\_\_



Join the Ladies Auxiliary of the FRA DBA Auxiliary of the FRA: Membership Application



I am the:

Name in full \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip+4

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

The following service member information validates this application:



\_\_\_\_\_  
SERVICEMEMBERS FULL NATE RATE/RANK USN/USMC/USCG

I certify that the information is true and accurate and that my sponsor is a member of Branch \_\_\_\_\_ or MAL

I certify that the information is true and accurate that my sponsor was eligible for membership at time of death.

Unit preference \_\_\_\_\_ Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Wife	Mother
Sister	Father
Daughter	Widow
Stepdaughter	Widower
Husband	Granddaughter
Brother	Grandson
Son	Grandmother
Stepson	Grandfather

\$25	1 Year
\$50	2 Years
\$75	3 Years
\$100	4 Years
\$125	5 Years

Recruited by \_\_\_\_\_ Member # \_\_\_\_\_ Unit/Branch \_\_\_\_\_

Verified by \_\_\_\_\_ Title \_\_\_\_\_ Unit/Branch \_\_\_\_\_ Date \_\_\_\_\_



Join the Ladies Auxiliary of the FRA DBA Auxiliary of the FRA: Membership Application



I am the:

Name in full \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip+4

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

The following service member information validates this application:



\_\_\_\_\_  
SERVICEMEMBERS FULL NATE RATE/RANK USN/USMC/USCG

I certify that the information is true and accurate and that my sponsor is a member of Branch \_\_\_\_\_ or MAL

I certify that the information is true and accurate that my sponsor was eligible for membership at time of death.

Unit preference \_\_\_\_\_ Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Wife	Mother
Sister	Father
Daughter	Widow
Stepdaughter	Widower
Husband	Granddaughter
Brother	Grandson
Son	Grandmother
Stepson	Grandfather

\$25	1 Year
\$50	2 Years
\$75	3 Years
\$100	4 Years
\$125	5 Years

Recruited by \_\_\_\_\_ Member # \_\_\_\_\_ Unit/Branch \_\_\_\_\_

Verified by \_\_\_\_\_ Title \_\_\_\_\_ Unit/Branch \_\_\_\_\_ Date \_\_\_\_\_

### **ABOUT OUR ORGANIZATION**

Founded in 1930, the LA FRA is 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 the 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.

### **MAIL TO:**

**LAFRA**

**PO BOX 706**

**Goose Creek SC 29445**

Make checks/money orders  
payable to LA FRA



### **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, veterans programs, and the active duty community. The organization provides annual Scholarships to outstanding students each year.

[www.la-fra.org](http://www.la-fra.org)

### **ABOUT OUR ORGANIZATION**

Founded in 1930, the LA FRA is 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 the 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.

### **MAIL TO:**

**LAFRA**

**PO BOX 706**

**Goose Creek SC 29445**

Make checks/money orders  
payable to LA FRA



### **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, veterans programs, and the active duty community. The organization provides annual Scholarships to outstanding students each year.

[www.la-fra.org](http://www.la-fra.org)

### **ABOUT OUR ORGANIZATION**

Founded in 1930, the LA FRA is 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 the 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.

### **MAIL TO:**

**LAFRA**

**PO BOX 706**

**Goose Creek SC 29445**

Make checks/money orders  
pavable to LA FRA



### **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, veterans programs, and the active duty community. The organization provides annual Scholarships to outstanding students each year.

[www.la-fra.org](http://www.la-fra.org)





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

**REPORT OF CHANGE OF ADDRESS**

From: Secretary, Unit No. \_\_\_\_\_ Date \_\_\_\_\_

To: National Financial Secretary

PLEASE CORRECT THE BELOW MEMBER'S ADDRESS

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Membership No \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_

Old Address \_\_\_\_\_ Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

New Address \_\_\_\_\_ Street \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

\_\_\_\_\_ Member \_\_\_\_\_ Unit Secretary \_\_\_\_\_

(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  
RESERVE ASSOCIATION.  
REPORT OF TRANSFER OF MEMBERSHIP

From: Secretary, Unit No \_\_\_\_\_

To: Secretary, Unit No \_\_\_\_\_

Members Name \_\_\_\_\_ Membership No \_\_\_\_\_

(Signature of Member) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_

Member originally joined (or last reinstated in) Unit No \_\_\_\_\_ on \_\_\_\_\_

Continuous Membership record to date of transfer \_\_\_\_\_

(insert dates and Units)

Class of membership: (circle the one that applies to member's status). Spouse, widow. Widower, parent, grandparent, sister, brother, child, stepchild, grandchild, step grandchild. (circle one)

Sponsor's name \_\_\_\_\_ Branch No \_\_\_\_\_

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 from 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.

\_\_\_\_\_  
Secretary sign, Unit #, and date

\_\_\_\_\_  
National Financial Secretary sign, and date













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

	<b>Name</b>		<b>Date Ordered</b>
	<b>Address</b>		<b>Unit #</b>
	<b>City, State, Zip</b>		<b>Phone#</b>
	<b>Email address:</b>		
	<b>Name of Unit:</b>		
<b>ALL ORDERS ARE PREPAID WITH CHECKS MADE PAYABLE TO: LA FRA</b>			
<b>Send Order and Payment To:</b>			
	<b>LAFRA</b>		
	<b>Brenda Horton NFS</b>		
	<b>PO Box 3037</b>		
	<b>Carson City NV 89702</b>		
<b>QUANTITY</b>	<b>ITEM</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>
	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	\$3.00	
	Unit Flag Banner (Requires Processing Time)		
<b>SERVICE GUARDS</b>			
	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)	<b>Free Per Standing Rule SR-28(I)</b>	
	55 Year (Provide Member Name)	\$10.00	
	60 Year (Provide Member Name)	\$10.00	
	65 Year (Provide Member Name)	\$10.00	
	70 Year (Provide Member Name)	\$10.00	
<b>PAST OFFICER'S PINS</b>			
	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)	\$15.00	
	Past Unit President Guard	\$9.00	
	Past Unit Vice-President Guard	\$9.00	
	Past Unit Secretary Guard	\$9.00	
	Past Unit Treasurer Guard	\$9.00	
	Past Unit Secretary Guard	\$9.00	
	Past Unit Secretary/Treasurer Guard	\$9.00	
	Past Unit Director Guard	\$9.00	
<b>REPLACEMENT FOR LOST PINS</b>			
	Gold Pin Replacement	\$9.00	
	Silver Star Replacement	\$3.50	
	Silver Anchor Replacement	\$9.00	
	<b>Total</b>		
<b>These items are available for download @ <a href="http://www.la-fra.org">www.la-fra.org</a></b>			
<b>No longer through the NFS</b>			
	Membership Applications/and Brochures		
	PCT "A" Membership Form		
	PCT "B" Membership Form		
	Order Form/Price List		
	Membership Transfer Forms		
	Unit Procedure Manual		
	Constitution & Bylaws		