



The Ladies of the Grand Army of the Republic Membership Application

Name _____

Address _____

Phone _____ Email _____

Civil War Relative _____

Relation to Veteran _____

Rank _____ State Enlisted in _____

Company _____ Regiment _____ Service Branch _____

Muster In Date _____ Muster Out Date _____

Circle Name _____

Number _____ Department of _____

Signature & Date _____

No other Documents need to be sent. Please send this application to the Circle's Secretary which you are joining with your first year of dues. The check should be made out to the Circle which you are joining. Membership fees vary by Circle. For Members-At-Large, please send \$25.00 to the M-A-L Coordinator.

"I solemnly promise that I will never bring, or cause to be brought, any civil suit or action against any Circle, State, or National Department of the Ladies of the Grand Army of the Republic."

(Signature) _____