



Official Membership Application
of the

Military Order of the Lancers

Please print or type legibly. Please complete all sections of the application accurately.

Full Name of Applicant:	
Street Address	
City, State, Zipcode	
Preferred Email	
Contact Phone	
Best time to contact	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekend

Branch of Service		Entered YR		Discharged YR	
Rank:		<input type="checkbox"/> Retired	<input type="checkbox"/> Honorably Discharged	HONORS	<input type="checkbox"/> YES <input type="checkbox"/> NO
Overseas Combat Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	How many tours?			
The Military Order of the Lancers chooses to honor those who served in combat and we extend our most sincere gratitude for your service and execution of duties performed for this Nation. It is an HONOR to welcome you to our ranks.					

Please list any and all Veterans Service Organizations you are currently a Member of: _____)

Do you currently volunteer in support of community service activities when the Veterans Service Organizations you are a member of participate?

- ALMOST ALWAYS
- SOMETIMES
- SELDOM
- I AM A MEMBER BUT DO NOT HAVE TIME TO PARTICIPATE IN ACTIVITIES

PLEASE LIST ANY AND ALL SKILLS THAT YOU POSSESS AND ARE WILLING TO DONATE IN SERVICE TO VETERANS AND ACTIVE DUTY IN NEED: _____

I have read and I agree with the Oath of the Military Order of the Lancers. I understand that my service to those who serve and have served is recognized in lieu of any dues or fees for membership. At this time, on this date I wish to be recognized as a member of the Military Order of the Lancers. I by signature and date below do hereby affirm the standards of the Military Order of the Lancers and agree to do nothing that would bring dishonor on the Military Order of the Lancers.

Signature of Member: _____ **Date:** _____