

THE GREAT ALLIANCE OF SENIORS
MEMBERSHIP APPLICATION

Date: _____

Drum & Bugle Corps Alumni: _____

Address: _____

City: _____ State/Province: _____ Country _____

Zip: _____ Tel No. _____ Fax No. _____

Email: _____

PRESENT OFFICERS

President: _____ Vice Pres: _____

Secretary: _____ Treasurer: _____

Other Officers / Board of Directors: _____

Date of D & B Alumni Charter: _____

Present number of members: _____

Description / Purpose of your organization: _____

Include with this application a check or money order in the amount of
\$100.00 (US Dollars), payable to: **GREAT ALLIANCE OF SENIORS.**

Mail to: Great Alliance of Seniors, c/o American Legion Post #199, P.O. Box 152,
Hawthorne, NJ 07506 -----Attention: Mr. Doug Tennis

For office use only: Date approved: _____ Officer: _____