



*International Order of the Blue Gavel
Auxiliary
Membership Application*

Date: _____

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Alternate Mailing Address:

From the month of: _____ To the month of: _____

Mailing Address: _____

City: _____ State: _____ Zip Code + 4: _____

Home Phone: _____ Business: _____

Cell Phone: _____ Email: _____

Spouse/Partner's Name: _____

Member of IOBG? Yes No

District #: _____ Yacht Club: _____

Dues Enclosed? Yes No

Please contact your District for dues and mailing information