

**HARRY LACKHOVE POST 517
HOME ASSOCIATION
APPLICATION FOR CANTEEN MEMBERSHIP**

NIGHTLY DRAWING #

TYPE MEMBER

NAME _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ OCCUPATION: _____ PHONE: _____

SERVICE DATES IF ANY _____ SERVICE CONNECTION _____
(SON, DAUGHTER, WIFE, GRANDCHILD, ETC).

DATE OF APPLICATION _____ SIGNATURE _____

Email:

Please Email form to: post517@comcast.net Please mail or drop off payment.