

# Calvert Elks Lodge #2620

## PROPOSAL FOR MEMBERSHIP

IN THE

**ANTLERS**

Sponsoring Member \_\_\_\_\_ under the obligation of the Order proposes for membership, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Member)

### QUESTIONS TO BE ANSWERED BY APPLICANT

1. Name \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone No (if applicable) \_\_\_\_\_  
Email Address (if applicable) \_\_\_\_\_
2. State the palace and date of your birth. Born in the City of \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_
3. Grade you are in currently \_\_\_\_\_
4. Are you willing to assume an obligation that:
  - a. Will not conflict with your duties to yourself, your family, or your religious or political opinions,  
And that:
  - b. Will bind you to uphold the Constitution and Laws of the United States of America? Yes  No
5. Have you ever pleaded guilty to or been convicted of a felony? Yes  No
6. Parent or Guardian approval: Signature \_\_\_\_\_

The above blanks must be fully filled out by the Sponsor and the Applicant, and be accompanied by a dues amount of \$10.00. The dues fee will be deposited into the Antlers Program.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

# Youth Program Survey

Lodge \_\_\_\_\_

Exalted Ruler \_\_\_\_\_

Youth Chairperson(s) \_\_\_\_\_

We would like to revitalize our **Youth Program** and need your input!

## What We Are About:

- Community Service
- Support for the Veterans
- Support for Less Fortunate
- Assist Those with Special Needs
- But most important is to HAVE FUN!!!!!!!

We need your ideas to make this interesting, exciting, educational and rewarding to our Youth Members. What would you like to see to improve our meetings?  
Please indicate your interest

Games after (shuffleboard, corn hole, wii, etc) \_\_\_\_\_

Career presentations \_\_\_\_\_

Arts and crafts \_\_\_\_\_

Robotics \_\_\_\_\_

Any other suggestions

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What days and time works the best for you and your family?

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What did you like and dislike about our meeting. \_\_\_\_\_

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We would also like to improve our planned activities. Please indicate your interest.

Geocaching _____	Community projects _____
Robotics _____	Crafts _____
Veterans Activities _____	Improvement projects _____
Dances _____	Movie Nights _____
Woodworking _____	web design _____
Boating / fishing _____	fitness _____
Gardening _____	History (civil War battle sites) _____
Sign Language _____	group outings _____
Sport team _____	

Any other ideas that would be interesting. \_\_\_\_\_

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If interest in becoming involved please fill in the following information:

**Contact information:**

Name \_\_\_\_\_

Parent/ guardian's Names \_\_\_\_\_

Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone Number and the best time to reach you and your parent \_\_\_\_\_

**Parent Information, Elks Antlers Program  
the Benevolent and Protective Order of  
Elks of the United States of America**

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**PLEASE ANSWER QUESTIONS SO WE CAN GET IN TOUCH WHEN  
NECESSARY.**

Mother's Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's Home Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Mom's E-mail: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's E-Mail: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Are either Parent members of the Elks: Mom: \_\_\_\_\_ Father: \_\_\_\_\_

If No would they like to join? Yes: \_\_\_\_\_ No: \_\_\_\_\_

XX

Would you like to be a Chaperone if needed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Not always needed.

## ELKS ANTLERS PROGRAM - Four

Antlers Parents;

Thank you for allowing your child to participate in the Elks Antlers Program. It is our pleasure to work with these young people in hopes of fostering the fundamentals of good Citizenship, install the spirit of American Patriotism, and to teach the importance of volunteering their time and talents for the good of our community.

The Antlers will be involved with many different community service projects and programs during their time with this program. Many of these events are photographed by local media there will be times photos of our events are submitted for publication on the Elks web site and Elks monthly new letters. With the safety & wellbeing of our children being our top priority we are requesting your permission to allow us to publish these photos.

By signing this form you authorize your child \_\_\_\_\_, to be photographed for any and all Elks Antlers functions in which your child participates in or attends.

\_\_\_\_\_ **YES**, my child may be photographed for Elks Antlers events.

\_\_\_\_\_ **NO**, my child may not be photographed for Elks Antlers events.

**Parents signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

**This authorization will remain valid as long as your child is a member of the Elks Antlers Program.**

*ELKS Care - ELKS Share*