



NEW AERIE/AUXILIARY SURVEY



PLEASE TYPE OR PRINT

_____ CITY SURVEYED

_____ STATE/PROVINCE

_____ POPULATION

ZIP CODES FOR AREA SURVEYED 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

SUBMITTED BY:

_____ Name

_____ Mailing Address

_____ U.P.S. Address (UPS will not deliver to a P.O. Box)

_____ City, State/Province, Zip

_____ E-mail Address

_____ Phone Number

PRINCIPLE INDUSTRIES: _____

TO WHAT AERIE DO YOU BELONG? _____ HOW LONG HAVE YOU BEEN A MEMBER? _____
Name and Aerie number

POSITIONS HELD WITH THE EAGLES (LIST OFFICES, CHAIRMANSHIPS, COMMITTEE, SERVICES, ETC.) _____

NAMES OF LOCAL PERSONS WHO WILL HELP GET THE NEW AERIE STARTED:

NAME _____ OCCUPATION _____

NAME _____ OCCUPATION _____

NAME _____ OCCUPATION _____

NAME _____ OCCUPATION _____

NAME _____ OCCUPATION _____

WHAT ARE THE CHANCES OF GETTING A LIQUOR LICENSE? _____

WHAT ARE THE CHANCES OF RENTING OR SECURING CLUB QUARTERS? _____

DO YOU PLAN TO SPREAD THE CHARTER FOR THE NEW AERIE? _____

ARE THERE OTHER CLUBS IN THE COMMUNITY? _____

WHAT IS THE CLOSEST AERIE TO THE SURVEYED SITE? _____

HOW MANY MILES? _____

WHO WILL ORGANIZE THE LADIES AUXILIARY TO THIS PROPOSED AERIE?

THE PROPOSED LADIES AUXILIARY ORGANIZER IS:

_____	_____	() _____
NAME	AUX. NUMBER	HOME PHONE NUMBER
_____		() _____
MAILING ADDRESS		WORK PHONE NUMBER

U.P.S. ADDRESS (UPS WILL NOT DELIVER TO A P.O. BOX)		

CITY, STATE/PROVINCE, ZIP		



NAMES OF LOCAL PERSONS WHO WILL HELP GET THE NEW AUXILIARY STARTED:

NAME _____	OCCUPATION _____
NAME _____	OCCUPATION _____
NAME _____	OCCUPATION _____
NAME _____	OCCUPATION _____
NAME _____	OCCUPATION _____

Return of this new Aerie/Auxiliary survey does not grant authority to organize an Aerie/Auxiliary in the community surveyed.

PROPOSED AERIE ORGANIZER

_____	_____
SIGNED	DATE

PHONE: Home: () _____ Business: () _____
 Fax: () _____ Cell: () _____

RETURN THIS FORM TO:
 Grand Aerie, F.O.E.
 New Aerie/Auxiliary Department
 1623 Gateway Circle South
 Grove City, OH 43123
 Phone: (614) 883-2200
 Fax: (614) 883-2201