LITHUANIAN GRAND DUCHY
ASSOCIATION OF NOBLES

.....
First Name Middle Name or Initial Last Name/Surname Suffix (Sr/Jr/etc (in caps)

.....
Current Address, Telephone, e-mail address

.....

APPLICATION FOR MEMBERSHIP

IN THE LGD ASSOCIATION OF NOBLES

Date of Application: _____ (dd/mm/yyyy)

Please enroll me into the LGD Association of Nobles. I have read the terms of agreement, regulations, society bylaws and program of activity of the association.

Signature .....

The Board of the Association of Nobles approves and accepts the application of the individual named below.

_____

First Name Middle Name or Initial Last Name/Surname Suffix (Sr/Jr/etc.)

is forth with inducted into the Association of Nobles.

_____(dd/mm/yyyy)

President_____ ._____
Signature