Knights of Lithuania/Lietuvos Vyčiai

Membership Application

Please use ONE application for EACH person in your household.

Name: _____
First Middle Initial Last

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____Marital Status: _____

Email Address: _____

Parish Name & Town: _____

Referred/Sponsored by: _____

MEMBERSHIP

Please Check ONE: ___ New Regular ___ Returning ___ Associate ___ Auxiliary ___ Regular Junior ___ Auxiliary Junior

1) **New or returning regular** member (18 years and older) is a practicing Catholic and of Lithuanian ancestry.
2) **Associate member** is a Catholic, non-Lithuanian spouse of regular member (18 years and older).
3) **Auxiliary regular/Friend of Lithuania** are not required to be Catholic or of Lithuanian ancestry but must adhere to the ideals of the Knights of Lithuania rooted in the motto "For God and Country" (18 years and older).
4) **Regular Juniors** are under age 18 and are practicing Catholics and of Lithuanian ancestry.
5) **Auxiliary juniors** are not required to be Catholic or of Lithuanian ancestry but must adhere to the ideals of the Knights of Lithuania rooted in the motto "For God and Country."

DUES – 2024 Special – Dues are ½ price – reduced price noted in red!
First member of a household is $15.00 (Includes one (1) copy of the organization magazine, ***Vytis-The Knight***). Each member of a household is $7.50 with complimentary online ***Vytis-The Knight***. Juniors (18 years and under) per council per year is $5.00.

Total Amount Enclosed: $ _____ Check #: _____

YOUR COPY OF VYTIS-THE KNIGHT

Please Check ONE: ___ Mail hardcopy to the above ___ Email to the above address

---

I, the undersigned, apply for membership to the Knights of Lithuania and promise to abide by its constitution, bylaws, national Convention resolutions, and recommendations, and will support the organization through the paying of dues and participation at local, district, and national levels, as I am able.

_____ _____
Signature of applicant Date of application

Mail your completed application and membership payment (check made out to "Knights of Lithuania") to K of L Membership, c/o Marlene Warren, PO Box 105, Watertown, CT 06795.

Date received: _____ Rec'd by initials: _____ Accepted for membership in Council # _____ - _____

Date Payment Recd by Fin Secretary: _____ Fin Sec Initials: _____ Total Deposited: $ _____