

APPLICATION FOR LIFE MEMBERSHIP

LM# \_\_\_\_\_



Date: \_\_\_\_\_

From: \_\_\_\_\_ Chapter No. \_\_\_\_\_

\_\_\_\_\_  
(City)

Enclosed find a check in the amount of \$\_\_\_\_\_ (including **\$2.50** for handling charges) in payment of a Life Membership in this Chapter for:

Sister \_\_\_\_\_

Brother \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Unless instructed otherwise, the Life Certificate is mailed to the Chapter Secretary.

(Chapter Seal) \_\_\_\_\_  
Chapter Secretary

(This Section for Grand Chapter Office Use)

Date Request Received \_\_\_\_\_

Life Membership Number \_\_\_\_\_

Date of Original Purchase \_\_\_\_\_ Amount of Original Purchase \_\_\_\_\_

Certificate \_\_\_\_\_ Card \_\_\_\_\_ Ledger \_\_\_\_\_ Yellow Card \_\_\_\_\_

Computer \_\_\_\_\_ Receipt \_\_\_\_\_