

Life Membership Application

OFFICE USE ONLY

Certificate Number

_____/_____/_____
Date

From: _____ Lodge No. _____

To: R. W. Aaron Harvey, Grand Secretary
2150 Masonic Way, Forest Grove, OR 97116

Enclosed find check in amount of	\$ _____	
Life Membership Fee	\$ _____	
Certificate and pocket card	\$	\$5.00
Frame for Certificate	\$	\$5.00

Computer No. _____

Brother: _____

Address: _____

He was born: _____ At: _____
Date City State

Received his Masonic degrees in _____ Lodge No. _____
Lodge

Located at: _____

. . . .

For Memorial Life Membership: Name of Donor _____

Pocket Cards are not issued for Memorial Life Membership unless requested.

For Memorial Life Membership: Date of Death _____

Please mail Life Membership certificate to (circle one):

Secretary Other: _____

ADDRESS

Fraternally yours,

Secretary

SECRETARY: THE CERTIFICATE WILL BE MADE FROM INFORMATION FURNISHED ON THIS APPLICATION. IF IT IS WRONG, THE LODGE WILL BE CHARGED FOR CHANGES. PLEASE ALLOW 4-6 WEEKS TO PROCESS.