APPLICATION FORM

YORK RITE LIFE MEMBERSHIP MEMORIAL FOUNDATION

Name of Name of Organization ______NO._ Organization ______NO._ Chapter Council Commandery Chapter Council Commandery Life Membership Fee ______\$ _____ Life Membership Fee_____\$____ Life Memorial Amount _____\$___ Life Memorial Amount______\$____ Full name of Full name of Applicant Applicant Address: Address: City - State - ZIP City - State - ZIP **Secretary / Recorder Enter: Applicants: Secretary / Recorder Enter: Applicants:** Full Name, City, State, Zip Code, Phone, and E-Mail Full Name, City, State, Zip Code, Phone, and E-Mail Mail applications to Secretary of the York Mail applications to Secretary of the York Rite **Rite Life Membership Memorial Foundation Life Membership Memorial Foundation** YORK RITE LIFE MEMBERSHIP MEMORIAL YORK RITE LIFE MEMBERSHIP MEMORIAL FOUNDATION **FOUNDATION** % David C. Flood % David C. Flood PO BOX 23322 PO BOX 23322 Seattle, WA 98102-0622 Seattle, WA 98102-0622

One Application per Member

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MEMORIAL FOUNDATION