

APPLICATION FOR MEMORIAL PERPETUAL MEMBERSHIP

I hereby make application for a Florida Masonic Lodge Memorial Perpetual Membership under all the provisions of the Constitution and Code of the M.: W.: Grand Lodge. I certify that the Brother named was in good standing in the Lodge indicated below at the time of his death. I understand this money will be placed in a trust fund and the interest used to support this Lodge and the Grand Lodge. I further understand and agree that a condition of this Memorial Perpetual Membership is that if accepted, the Membership Fee is NON-REFUNDABLE. If accepted I therefore waive any and all rights to reclaim this fee.

PLEASE TYPE OR PRINT

(Full Name of Deceased)

(Date of Death)

(Lodge Name and Number)

(Member Number)

(Purchased by)

(City and State in which purchased)

MEMORIAL PERPETUAL MEMBERSHIP FEE

Memorial Perpetual Membership - \$200.00 \$ 200.00

Additional VOLUNTARY CONTRIBUTION \$ _____

TOTAL amount transmitted to Grand Secretary
Make check to: PERPETUAL MEMBERSHIP FUND \$ _____

ATTEST: _____
(Signature of Lodge Secretary)

(Signature of person making Memorial)

(LODGE SEAL)

Date Received by Grand Secretary

Certificate Number M _____

(RETURN TO LODGE SECRETARY WHO WILL MAIL WITH MEMBERSHIP CHECK TO GRAND SECRETARY)