

7xDues (65+)
18xDues (35-39)

9xDues (60-64)
19xDues (30-34)

11xDues (55-59)
20xDues (25-29)

13xDues (50-54)
25xDues (18-24)

15xDues (45-49)

17xDues (40-44)

**YORK RITE LIFE MEMBERSHIP FUND
APPLICATION FOR MEMBERSHIP**

NAME _____
(Please print or type)

DATE OF BIRTH _____ DATE _____

CHAPTER _____

DATE EXALTED _____

CURRENT CHAPTER DUES \$

CALCULATIONS (x) \$ = \$ = (Next \$ 25.00 Level) \$

COUNCIL _____

DATE GREETED _____

CURRENT COUNCIL DUES \$

CALCULATIONS (x) \$ = \$ = (Next \$ 25.00 Level) \$

COMMANDERY _____

DATE KNIGHTED _____

CURRENT COMMANDERY DUES \$

CALCULATIONS (x) \$ = \$ = (Next \$ 25.00 Level) \$

TOTAL DUE \$

KTEF LIFE SPONSOR NO:

* Applicant must be a life member of the Knights Templar Eye Foundation.

Received:
Posted:
Secretary/Recorder Notified:

(Items in box to be completed by Life Fund Committee)

Make Checks Payable to: **Life Membership Fund**
Mail with Check to: **H. Ted Burgess**
PO Box 452
Belton, SC 29627-0452

Location: _____
(Town where York Rite Bodies are Located)

Name of Secretary/Recorder: _____