

S.C. YORK RITE LIFE MEMBERSHIP FUND
APPLICATION FOR MEMBERSHIP

NAME _____
(Please print or type)

DATE OF BIRTH _____ DATE _____

CHAPTER _____

DATE EXALTED _____

CURRENT CHAPTER DUES \$ _____

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

COUNCIL _____

DATE GREETED _____

CURRENT COUNCIL DUES \$ _____

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

COMMANDERY _____

DATE KNIGHTED _____

CURRENT COMMANDERY DUES \$ _____

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

TOTAL DUE _____ **\$** _____

KTEF LIFE SPONSOR NO: _____

*** Applicant must be a 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: A. Glenn Greene III
815 Bethea Ext.
Latta SC 29565-1255

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

Name of Secretary/Recorder: _____