

**APPLICATION FOR
YORK RITE LIFE MEMBERSHIP-MEMORIAL**

_____ No. _____
Chapter Council Commandery (circle one)

_____ **Washington**
Location

Secretary or Recorder

Life Membership Fee ----- \$ _____
Life Memorial Fee ----- \$ _____

Full name of applicant

Complete address and zip code
(N/A for Memorial)

Mail Commandery applications to the Grand Recorder.

**Chapter and Council applications shall be sent to the Secretary/Treasurer of
the Life Membership Memorial Foundation.**

Use one application of each York Rite Body. Do not combine two or more on one application. Circle the body in which the Life Membership is being purchased. Print or type the name and number of the local body and the town of city in which it is located. The Secretary or Recorder needs to sign the application and complete the last three lines.