

Application For Memorial Endowed Membership

I hereby make application for a North Carolina Masonic Lodge Endowed Membership under all the provisions of the Constitution, General Regulations, and Edicts of the Grand Lodge. I understand this money will be placed in a trust fund and the interest used to support my lodge and Grand Lodge. I further understand and agree that a condition of this Endowed 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

_____ Date of Application

_____ Full Name of Deceased

_____ Deceased's Lodge and Number

_____ Applicant's Name

_____ Address of Applicant

_____ City

_____ State

_____ Zip

_____ Memorial Endowed Membership Fee

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\$

_____ 500.00

_____ Additional voluntary contribution to increase support of his lodge and Grand Lodge

\$

_____ TOTAL amount transmitted to Grand Secretary

\$

_____ Make check to: Endowed Membership Fund

ATTEST: _____

_____ Signature of Lodge Secretary

_____ Signature of Applicant

(SEAL)

_____ Date Received by Grand Secretary

_____ Deceased's Membership Number

Return to lodge secretary who will mail it with membership check to the Grand Secretary, PO Box 6506, Raleigh, NC 27628.