



**M.:W.: Grand Lodge F. & A. M. Washington**  
 4970 Bridgeport Way W.  
 University Place, WA 98467

\_\_\_\_\_  
 Lodge Name Lodge Number

\_\_\_\_\_  
Washington

\_\_\_\_\_  
 City

**ENDOWED LIFE MEMBERSHIP:**

Fee Enclosed ..... \$ \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Member No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MEMORIAL:**

Name: \_\_\_\_\_

Donor: \_\_\_\_\_

MARK IF LODGE PURCHASED

PLEASE NOTE: The certificate will be made from the information furnished on this form.

**MINIMUM AMOUNTS ARE:**

- ages  18 through 35 ..... \$ 650.00
- 36 through 45 ..... \$ 600.00
- 46 through 55 ..... \$ 500.00
- 56 through 65 ..... \$ 450.00
- 66 and over ..... \$ 400.00

Secretary \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
Appl. Rec'd:	
Cert. No.	
Mailed	