



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 in *Grandview*.

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 _____

FOR OFFICIAL USE ONLY	
Appl. Rec'd:	
Cert. No.	
Mailed	