

APPLICATION FOR  
MEMORIAL PERPETUAL MEMBERSHIP

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This is to certify that I, \_\_\_\_\_, hereby make application  
(print FULL name)  
for a Memorial Perpetual Membership in \_\_\_\_\_ Lodge # \_\_\_\_\_ in  
the name of \_\_\_\_\_.  
(print FULL name)

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I understand that the Memorial Membership Fee will be placed in a trust fund and the income from that fund will be used to support this Arkansas Lodge and the Grand Lodge of Arkansas. I further understand and agree that a condition of this Memorial Perpetual Membership is that if accepted, the Memorial Membership Fee, as well as any additional voluntary contributions made to this fund, is NON-REFUNDABLE. If this application for Memorial Perpetual Membership is accepted, I voluntarily waive any and all rights to reclaim any contribution, now or in the future, made to the Perpetual Membership Trust Fund.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\$ \_\_\_\_\_  
Memorial Membership Fee\*

\* Make checks payable to:  
Perpetual Membership Trust Fund.  
Minimum Fee is \$100.00.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

(Seal)