

Application
Life Membership C.M.



From: _____, 20____

_____ Council No. _____

_____, Oregon

To: Michael D. Sullivan
Grand Recorder
P.O. Box 40
Sisters, OR 97759

Right Illustrious Companion Sullivan,

Enclosed find check in amount of \$_____ in payment of the Life Membership in this Council for, plus \$_____, the fee for a Certificate for:

Companion _____

Address _____

He was born _____
Date

At _____

and was Received and Greeted in _____ Council No. _____

located at _____

on the following dates:

Royal Master: _____

Select Master: _____

Please mail Life Certificate to:
(Circle One)

{ Council
Companion

Message

Zealously yours,

_____, Recorder