

# APPLICATION FORM

## YORK RITE LIFE MEMBERSHIP MEMORIAL FOUNDATION

Name of  
Organization \_\_\_\_\_ NO. \_

Chapter                  Council                  Commandery

Life Membership Fee \_\_\_\_\_ \$ \_\_\_\_\_

Life Memorial Amount \_\_\_\_\_ \$ \_\_\_\_\_

Full name of  
Applicant  
\_\_\_\_\_

**Address:**  
\_\_\_\_\_

**City – State – ZIP**  
\_\_\_\_\_

**Secretary / Recorder Enter: Applicants:  
Full Name, City, State, Zip Code, Phone, and E-Mail**

Mail applications to Secretary of the York  
Rite Life Membership Memorial Foundation

**YORK RITE LIFE MEMBERSHIP MEMORIAL  
FOUNDATION**

**% David C. Flood**

**PO BOX 23322**

**Seattle, WA 98102-0622**

**One Application per Member**

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