

Egypt Shrine Temple

2017

Perpetual Membership Application

I hereby make application for perpetual membership in Egypt Shrine Temple. I certify that I am a member in good standing. I understand that this money will be placed in a trust fund and only the investment income will be used to pay my dues and assessments to support Egypt Shrine Temple.

 NAME (as it should appear on the certificate) Member #

 Address City State Zip

Type of Perpetual Membership

Total Life Member (\$115.00 x 20 years) (Temple dues only)	\$2,300.00	\$ _____
PC Hospital Fee (\$5.00 x 30 years)	\$ 150.00	\$ _____
PCM Per-Capita Fee (\$30.00 x 30 years)	\$ 900.00	\$ _____
*Total Life Member /PC/PCM (Temple, Per-Capita, Hospital dues)	\$3,350.00	\$ _____

 Applicant (signature) Date

 Recorder Date Potentate Date