

BLUE STAR LODGE MEMBERSHIP APPLICATION

Date of Application: ____ (DD) / ____ (MM) / _____ (YYYY)

Name: _____ Phone#: _____

Address: _____

Date of Birth: ____ (DD) / ____ (MM) / _____ (YYYY)

Marital Status: _____ Spouse's Name: _____

Children:

Name	Birthday (DD/MM/YYYY)	Gender (M/F)

Employer: _____ Occupation: _____

Are You A Member of Any Other Organization? _____

Name of Organization And Position Held: _____

Name and Address of Family Doctor: _____

I, _____, hereby apply for membership in the Blue Star Lodge and do agree to abide by the constitution and by-laws of the organization.

APPLICATION MUST BE ACCOMPANIED BY A MINIMUM \$25.00 DEPOSIT.

SIGNATURE OF APPLICANT: _____

Please note: Upon acceptance of this application by the Lodge Executive, the applicant shall be considered a probationary member for 6 months: after which time he shall be eligible for a full permanent membership, according to the by-laws of the Blue Star Lodge.

Proposed By: (1) _____

(2) _____

Application Rec'd By: _____

Medical Report Rec'd By: _____

Posted: _____

Proof of Age Y/N: _____

Initiation Fees: Under 45: _____

Over 45: _____

Probationary Period Starts: _____

Phone#: _____

Phone#: _____

Voted On: _____

Initiation Fee: _____

Dues: _____

Total Amount Due: _____

Paid on Account: _____

Balance Due: _____

Treasurer's Signature