 **Application for Life Membership**

THE PHYLLIS CHAPTER

Date

**Overview**

Applying for Life Membership is exciting and the sign of your commitment to the organization that you have pledge your life long support.

**Eligibility**

**LIFE MEMBERSHIP** is available once a member has paid the initial $60.00 Joining Fee and the annual dues, and a member for one year. Life membership fee is **$300.00**

**Process**

This process consists of verifying the information communicated on the Life Membership application below. Please include the most accurate Auxiliary Name and dates in which financial membership was held, or dates in which financial membership was held. There may be some cases where additional information may be requested to better assist us with the accuracy of this process. Submit the Application and fee to

**Phyllis Chapter Financial Secretary.** The completion of this process will be signified with notification of acceptance by the Phyllis Chapter Financial Secretary.

**SECTION I - APPLICANT INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Auxiliary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Induction Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AS IT SHOULD APPEAR ON LIFE MEMBERSHIP CARD & CERTIFICATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II – APPLICANT’S O.E.S. HISTORY**

OES Chapter’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jurisdiction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grand Worthy Matron’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN FORM AND FEE TO**:

Eileen Jackson MPC Fin. Sec.

6 W. Blueridge Ct.

New Orleans LA 70128

Make Checks Payable to: Phyllis Chapter