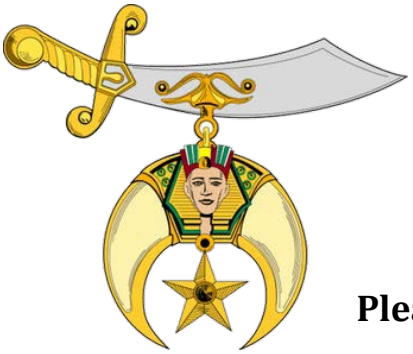

Perpetual Membership Application

EGYPT SHRINERS

Address: 5017 E Washington St., Tampa, FL 33619

(813)884-8381

Print

Email to Egypt Shrine

Please include a copy of your current Lodge card

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

Temple Life Member ($165.00 x 20 years) (Temple dues only)	**$3,300.00**	☐
PC Hospital Fee ($5.00 x 30 years) PCM	**$ 150.00 $**	☐
Per-Capita Fee ($54.00 x 30 years)	**1,620.00**	☐
***Total Life Member /PC/PCM (Temple, Per-Capita, Hospital dues)**	**$4,900.00**	☐

☐ **Visa** ☐ **Mastercard** ☐ **Discover** ☐ **Amex**

Card Number_____ Expiration Date_____ CVV_____

_____ _____

Sign for Credit Card Here Date

Name in full (initials not sufficient) I am electronically signing this charge amount which will have the same effect as the execution of this document by a written signature.

_____

Applicant (Sign Here) Date

Name in full (initials not sufficient) I am electronically signing this document which will have the same effect as the execution of this document by a written signature.

_____ _____ _____ _____

Recorder Revised Date Potentate Date

12/3/2023