



Perpetual Membership Application

EGYPT SHRINERS

Mailing Address: PO Box 891116, Tampa, FL 33689

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

(813)884-8381

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) **\$3,300.00**
(Temple dues only)

PC Hospital Fee (\$5.00 x 30 years) PCM **\$ 150.00**

Per-Capita Fee (\$50.00 x 30 years) **\$ 1,500.00**

***Total Life Member /PC/PCM \$4,900.00**
(Temple, Per-Capita, Hospital dues)

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

01/30/2024