



LIFE MEMBERSHIP APPLICATION
Grand Council of Cryptic Masons of the State of Illinois

I, Companion _____
Print FULL name

residing at _____

in the city of _____ and State of _____

As a member in good standing of _____

Council No. _____ located in the city of _____

and having paid the sum of \$ _____, as required in the by-laws of
said council, do submit this application for Life Membership in that council.

Dated this _____ day of _____, 20_____.

I understand that should I forfeit my membership in my Lodge, Chapter or Council for any
reason that the fees for Life Membership are not returnable.

Signed _____

Please retain a copy for your council's files and send a copy with the check made payable to:

Grand Council of Cryptic Masons of Illinois

To

Michael L. McDorman
Grand Recorder
1035 Tamarind Dr.
Galesburg, IL 61401-2367