

GRAND COMMANDERY KT OF MISSISSIPPI

Application for Perpetual Membership

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME AND NUMBER OF COMMANDERY: \_\_\_\_\_

AMOUNT OF ANNUAL DUES: \_\_\_\_\_

KNIGHTED DATE: \_\_\_\_\_

DATES OF SUSPENSIONS AND RESTORATIONS, IF ANY:	SUSPENDED	RESTORED
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Application is hereby made to the Perpetual Membership Plan Committee of the Grand Commandery KT of Mississippi for a Perpetual Membership. Included with the application is an amount equal to fifteen (15) times the current dues. (Minimum: \$150.00). I understand the rules governing the plan as established by the Grand Commandery of MS and agree to them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
\_\_\_\_\_  
This is to certify that this Commandery has adopted a resolution to participate in the Perpetual Membership Plan, and that the above applicant is a current member of this Commandery.

\_\_\_\_\_  
Recorder

\_\_\_\_\_  
Commander

Seal