

Al Kaly Shrine

Provost Guard

APPLICATION FOR MEMBERSHIP

I, _____ CERTIFY THAT I AM A MEMBER OF
AL KALY SHRINE IN GOOD STANDING.

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ HOME PHONE: _____

WORK PHONE: _____ DATE OF BIRTH: _____

IF MARRIED, WIFE'S NAME: _____

(MY WIFE'S NAME PLATE TO READ:) _____

HER DATE OF BIRTH (WITHOUT THE YEAR:) _____

DATE OF MARRIAGE: _____

MEMBERSHIP FEE \$18.00 WITH APPLICATION

SIGNATURE: _____

DUES ARE \$15.00 PER YEAR PLUS \$3.00 FOR CSSA MEMBERSHIP

DUES ARE PRORATED QUARTERLY FOR NEW MEMBERS.