

Lodge No. _____ Telephone No. _____ Application No. _____

Name _____
first middle last

Address _____

City _____ State _____ Zip _____

I hereby apply for membership in the **MASONIC WIDOW'S FUND ASSOCIATION OF THE FIFTH MASONIC DISTRICT OF THE STATE OF FLORIDA.** I agree to comply with the By-Laws of the Association and to promptly pay all assessments as they become due.

I designate the following beneficiaries:

Primary Beneficiary _____
(full name)

Contingent Beneficiary _____
(full name)

Date _____ Signed _____

Approved _____

Approved _____

Membership fee of \$ _____ must accompany application

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