Please PRINT and complete <u>ALL</u> Information	plete <u>ALL</u> Information
To the Secretary of:	Chapter No.
Last Name:	Date:
First Name:	
Middle Name:	Annual Dues:
MMS Mbr No.:	x 20
Address:	Total:
City:	(minimum \$300.00)
State:	
Zip+4:	
Date of Birth:	
Age:	
Date Exalted:	
Signature:	
Attest:	Correstrato



GRAND CHAPTER OF ROYAL ARCH MASONS OF THE STATE OF MISSOURI

ENDOWED

MEMBERSHIP

PROGRAM

Grand Chapter of Missouri Endowed Membership Application Form Revised June 2018

WOULD YOU LIKE TO

- ✓ Eliminate paying your annual dues?
- ✓ Insure yourself against an increase in dues?
- ✓ Provide your Chapter with a permanent memorial in your name?
- ✓ Provide income to your Chapter after you are gone?

YOU HAVE LIFE INSURANCE ON YOURSELF RIGHT?

WHY NOT CONSIDER A "LIFE INSURANCE" PLAN FOR YOUR CHAPTER?

WHAT BETTER LEGACY TO LEAVE?

YOUR CHAPTER WILL RECEIVE INCOME IN YOUR NAME LONG AFTER YOU ARE GONE

THIS IS ALL THERE IS TO IT

- ✓ Pay your current year's dues to your Chapter.
- ✓ Complete the requested information on the back of this pamphlet. Any blank information will not be accepted.
- ✓ Attach your check for the full amount required.
- ✓ Make check payable to "GRAND CHAPTER of MISSOURI."
- ✓ Give this form and your check to your Secretary. He will send it to the Grand Secretary who will mail you an Endowed Membership Certificate and Card from the Grand Chapter.

ENDOWED MEMBERSHIP COST

✓ Determine the amount by multiplying your Chapter's Annual Dues by 20. (Chapter dues include all local fees changed to include Grand Chapter of Missouri per capita, fees and assessments).

i.e., $$15.00 \times 20 = 300.00

✓ However, the MINIMUM Endowed Membership fee is \$300.00.

ALSO, SEE YOUR CHAPTER SECRETARY ABOUT YOUR CHAPTER'S ENDOWED MEMBERSHIP PAYMENT PLAN

- ✓ Your Chapter may or may not have an ENDOWED MEMBERSHIP Payment Plan.
- ✓ If so, see your Chapter Secretary and start making payments as you are able.