

Please PRINT ALL Information

To the Secretary of: _____ Chapter No. _____

Last Name: _____ Date: _____

First Name: _____

Middle Name: _____ Annual Dues: _____

Address: _____ x _____ 20 _____

City: _____ Total: _____

State: _____ (minimum \$300.00)

Zip+4: _____

Date of Birth: _____

Age: _____

Date Exalted: _____

Signature: _____

Attest: _____
(Secretary)



GRAND CHAPTER
OF
ROYAL ARCH MASONS
OF THE
STATE OF MISSOURI

ENDOWED
MEMBERSHIP
PROGRAM

ENDOWED MEMBERSHIP PROGRAM

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...

ENDOWED MEMBERSHIP PROGRAM

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 and 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 PROGRAM

ENDOWED MEMBERSHIP COST...

- ✓ Determine the amount by multiplying your Chapter’s Annual Dues by 20.
i.e., \$15.00 x 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.