

**Please PRINT ALL Information**

**To the Recorder of:** \_\_\_\_\_ **Council No.** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Annual Dues:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Total:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Grand Total:** \_\_\_\_\_

**Zip+4:** \_\_\_\_\_ **(minimum \$300)**

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date Greeted:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Attest:** \_\_\_\_\_

Recorder



**GRAND COUNCIL  
OF  
CRYPTIC MASONS  
OF THE  
STATE OF MISSOURI**

**ENDOWED  
MEMBERSHIP  
PROGRAM**

**WOULD YOU LIKE TO...**

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

**YOU HAVE LIFE INSURANCE ON YOURSELF RIGHT?**

**WHY NOT CONSIDER A “LIFE INSURANCE” PLAN FOR YOUR COUNCIL...**

**WHAT BETTER LEGACY TO LEAVE?**

**YOUR COUNCIL 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 Council.
- ✓ Complete the requested information on the back of this pamphlet and attach your check for the full amount required.
- ✓ Make check payable to **“GRAND COUNCIL of MISSOURI.”**
- ✓ Give this form and your check to your Recorder. He will send it to the Grand Recorder who will mail you an Endowed Membership Certificate and Card from the Grand Council.

**ENDOWED MEMBERSHIP COST...**

- ✓ Determine the amount by multiplying your Council’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 COUNCIL RECORDER ABOUT YOUR COUNCIL’S ENDOWED MEMBERSHIP PAYMENT PLAN...**

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