

LIFE MEMBERSHIP PROGRAM & APPLICATION
SUBMIT IN DUPLICATE THROUGH YOUR RECORDER TO THE GRAND RECORDER

NAME: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

DATE OF BIRTH: _____ **COUNCIL:** _____ **NO:** _____

AGE AS OF DEC. 31 OF CURRENT YEAR: _____ **COUNCIL DUES:** _____

The Grand Council has approved a Life Membership program which is outlined in the General Regulations and may be purchased from the Grand Recorder or found on the Grand Council website:

<http://ingccm.org/forms>

The payment schedule below is based on minimum dues of \$12.00; the payment is higher if your current dues are more than \$12.00. The higher rate is determined by multiplying the amount of your dues times the factor for your age.

The Schedule to determine the current payment amount is as follows:

AGE	FACTOR	\$ 12.00	AGE	FACTOR	\$ 12.00
18-21	40	\$480.00	45-49	25	\$300.00
21-24	34	\$408.00	50-54	23	\$276.00
25-29	33	\$396.00	55-59	21	\$252.00
30-34	31	\$372.00	60-64	19	\$228.00
35-39	29	\$348.00	65 & up	17	\$204.00
40-44	27	\$324.00			

Example: If a Companion is 58 and his dues are \$20.00 per year, then the factor 21 is used thus: $21 \times \$20.00 = \420.00

YOU MAY CALCULATE YOUR LIFE MEMBERSHIP FEE BELOW

FACTOR: _____ **DUES: \$** _____ **= LIFE MEMBERSHIP COST: \$** _____

Make check payable to GRAND COUNCIL CRYPTIC MASONS

TO BE FILLED OUT BY THE RECORDER OF YOUR COUNCIL

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM A MEMBER IN GOOD STANDING OF SAID COUNCIL

SIGNED: _____ **DATED:** _____

ATTESTED: _____ **DATED:** _____