

**Medinah Shriners**  
**Life Membership**  
For Members 65 Years of age and older

**APPLICATION**

Name: \_\_\_\_\_  
Please print

Member No. \_\_\_\_\_

**Annual Dues** for a **Regular** member consists of three components:

A. Medinah Temple Dues	\$67	(stays at Medinah)
B. Imperial Council per capita tax	\$30	(goes to Imperial)
C. Hospital Assessment	<u>\$ 5</u>	(goes to Shriners Hospitals)
	\$102	Total Annual Dues

- **Life Membership** [Medinah + Imperial] (\$67 x10 + \$900) **\$1,570**
- **Permanent Contributing Member "PCM"** [Hospital] (\$5 x 30) **\$150**

(Mark one or both that apply)

\_\_\_\_\_ I would like to purchase a **Life Membership**.  
**Check made payable to: Medinah Shriners**

\_\_\_\_\_ I would like to become a **Permanent Contributing Member "PCM"** of Shriners Hospitals for \$150, thereby eliminating the annual Hospital Assessment from my dues notice. This is tax deductible.  
**Check made payable to: Shriners Hospitals for Children**

**Credit Card payments** (applies to Life Membership only)

VISA/MC/AMEX # \_\_\_\_\_

Exp date: \_\_\_\_\_ Security code: \_\_\_\_\_

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