

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	\$15	(goes to Imperial)
C. Hospital Assessment	<u>\$ 5</u>	(goes to Shriners Hospitals)
	\$87	Total Annual Dues

- **Life Membership** [Medinah + Imperial] (\$67+\$15= \$82 x10) **\$820**
- **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: _____

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