

Medinah Shriners
Life Membership
For Members up to the age of 65

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] $(\$67 \times 20 + \$900) = \$2,240$

_____ I would like to purchase a **Life Membership**.
Check made payable in full to: Medinah Shriners

Life Membership Payment Plans

_____ I would like to purchase a **Life Membership** for my above marked dues class on the **3 year plan** making 3 payments of \$746.67 each year. I understand that if I must stop the plan, I will revert to a regular member but will retain credit toward Life Membership for the amount I have paid.

Checks made payable to: Medinah Shriners

_____ I would like to purchase a **Life Membership** for my above marked dues class on the **5 year plan** making 5 payments of \$448.00 each year. I understand that if I must stop the plan, I will revert to a regular member but will retain credit toward Life Membership for the amount I have paid.

Checks made payable to: Medinah Shriners

- **Permanent Contributing Member "PCM"** [Hospital] $(\$5 \times 30) = \150

_____ 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 100% tax deductible.

Checks made payable to: Shriners Hospitals for Children

Credit Card payments (applies to Life Membership only)

VISA/MC/AM EX # _____

Exp date: _____ Security code: _____

Signature: _____