



Medinah Shriners Life Membership Application



For Members Age 65 Years & Older

Name: _____
Please print

Member No. _____

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

A. Medinah Temple Dues	\$ 85 (stays at Medinah)
B. Imperial Council Per Capita Tax	\$ 30 (sent to Imperial)
C. Hospital Assessment	<u>\$ 5 (sent to Shriners Hospitals)</u>
	\$120 Total Annual Dues

- **Life Membership for Medinah Dues + Imperial Council Per Capita Tax:**
Medinah Dues (\$85 x 10 years) \$ 850 (stays at Medinah)
Imperial Council Per Capita Tax (\$30 x 30 years) \$ 900 (sent to Imperial)
TOTAL **\$1,750**
- **Permanent Contributing Member (PCM)**
Hospital Assessment (\$5 x 30) **\$150**

Please mark one or both that apply.

___ I would like to purchase the above **Life Membership** in a single payment of \$1,750.
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 Payment: (applies to Life Membership only)

VISA/MC/AMEX: Please call the office with this information

Signature: _____

Rev. 8/2020