



# Medinah Shriners Life Membership Application



**For Members Age 64 & Younger**

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                   \$ 5 (sent to Shriners Hospitals)
- \$120 Total Annual Dues

➤ **Life Membership for Medinah Dues + Imperial Council Per Capita Tax:**

Medinah Dues (\$85 x 20 years)	\$1,700
Imperial Per Capita Tax (\$30 x 30 years)	<u>\$ 900</u>
<b>TOTAL</b>	<b>\$2,600</b>

\_\_\_ I would like to purchase the above **Life Membership** in a single payment of \$2,600.  
**Check made payable in full to: Medinah Shriners**

**Life Membership Payment Plan:**

\_\_\_ I would like to purchase a **Life Membership** for Medinah Dues and the Imperial Council Per Capita Tax on a 3-year plan, making 3 payments of \$866.67 each year. I understand that I must still pay my annual Medinah Dues and Imperial Council Per Capita Tax in full until I have completed all three (3) payments.  
**Checks made payable to: Medinah Shriners**

➤ **Permanent Contributing Member (PCM)**

Hospital Assessment (\$5 x 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: Please call the office with this information

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