



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 \$ 95 (stays at Medinah)
 - B. Imperial Council per capita tax \$ 30 (sent to Imperial)
 - C. Hospital Assessment \$ 5 (sent to Shriners Hospitals)
- \$130 Total Annual Dues

- **Life Membership for Medinah Dues + Imperial Council Per Capita Tax:**
- | | |
|---|---------------|
| Medinah Dues (\$95 x 20 years) | \$1,900 |
| Imperial Per Capita Tax (\$30 x 30 years) | \$ <u>900</u> |
| TOTAL | \$2,800 |

___ I would like to purchase the above **Life Membership** in a single payment of \$2,800.
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 \$933.34 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: _____