



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	\$ 95 (stays at Medinah)
B. Imperial Council Per Capita Tax	\$ 50 (sent to Imperial)
C. Hospital Assessment	\$ 5 (sent to Shriners Hospitals)
	<u>\$150</u> Total Annual Dues

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

Medinah Dues (\$95 x 10 years)	\$ 950 (stays at Medinah)
Imperial Council Per Capita Tax (\$50 x 30 years)	\$ <u>1,500</u> (sent to Imperial)
TOTAL	\$2,450

• **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 \$2,450.
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. 02/2024