

Lodge No. \_\_\_\_\_ Telephone No. \_\_\_\_\_ Application No. \_\_\_\_\_

Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby apply for membership in the **MASONIC WIDOW'S FUND ASSOCIATION OF THE SIXTH MASONIC DISTRICT OF THE STATE OF FLORIDA**. I agree to comply with the By-Laws of the Association and to promptly pay all assessments as they become due.

I designate the following beneficiaries:

Primary Beneficiary \_\_\_\_\_  
(full name)

Contingent Beneficiary \_\_\_\_\_  
(full name)

Date \_\_\_\_\_ Signed \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Membership fee of \$ \_\_\_\_\_ must accompany application