Loage No Replication No	Loage No Telephone No Application No
Name	Name
Address	Address
CityStateZip	CityZip
I hereby apply for membership in the MASONIC WIDOW'S FUND ASSOCIATION OF THE FIFTH 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 hereby apply for membership in the MASONIC WIDOW'S FUND ASSOCIATION OF THE FIFTH 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:	I designate the following beneficiaries:
Primary Beneficiary	Primary Beneficiary
(tull name)	(ruii name)
Contingent Beneficiary	Contingent Beneficiary
(tull name)	(full name)
Date Signed	Date Signed
Approved	Approved
Approved	Approved
Membership fee of \$must accompany application	Membership fee of \$must accompany application
Lodge No Telephone No Application No	Lodge No Telephone No Application No
Name first middle last	Name first middle last
Address	Address
CityZip	CityStateZip
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