



**APPLICATION FOR MEMBERSHIP-IN-PERPETUITY**

**(PLEASE PRINT OR TYPE)**

\_\_\_\_\_ (NEW)                      \_\_\_\_\_ (REINSTATED)                      \_\_\_\_\_ (IN-MEMORIUM)

BROTHER \_\_\_\_\_ OF \_\_\_\_\_  
CHAPTER # \_\_\_\_\_ HAS APPLIED FOR MEMBERSHIP-IN-PERPETUITY IN CHAPTER # \_\_\_\_\_

THE REQUIRED INFORMATION IS AS FOLLOWS:

\_\_\_\_\_  
(RANK)    (FULL NAME)

\_\_\_\_\_  
(ADDRESS  
( \_\_\_\_\_ )

TELEPHONE    SOCIAL SECURITY #

HERO OF '76: \_\_\_\_\_ YES \_\_\_\_\_ NO                      COMPUTER # \_\_\_\_\_

DATE OF MEMBERSHIP IN NATIONAL SOJOURNERS: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ ACTIVE DUTY OR RETIRED? \_\_\_\_\_

\_\_\_\_\_  
BLUE LODGE NAME AND STATE

PREVIOUS CHAPTERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

SPONSOR OF NEW/REINSTATED MEMBER: \_\_\_\_\_

MAKE CHECK PAYABLE TO: **NATIONAL SOJOURNERS TRUST FUND**. REMIT TO :

NATIONAL SOJOURNERS, INC.  
8301 EAST BOULEVARD DRIVE  
ALEXANDRIA, VA. 22308

**(IF NOT PAID IN FULL PRIOR TO 1 JANUARY, THE NEXT YEARS PER CAPITA TAX WILL BE DEDUCTED FROM PAYMENTS AND REMAINDER KEPT IN ESCROW UNTIL COMPLETED).**

1ST MIP: \$200.00                      MULTIPLE OR IN-MEMORIUM MIP \$150.00