

## Membership Application

## Independent Order of Odd Fellows

| I,  | :                     |                           |                |
|---|-----------------------|---------------------------|----------------|
| (Name - Please Print)                                   | ·                     |                           |                |
| Apply to the members of                                 | Lodge _               | N N                       | o. <u>215</u>  |
| of the Independent Order of Odd Fellows of              | 6                     | alifornia                 | ; for          |
| membership by: [(circle one) Initiation - Transfer -    |                       |                           |                |
| regulations and teachings of the Order. I understand    | my rights as a men    | nber are protected        | by the laws of |
| the Order and I agree not to resort to the civil courts | for their enforcement | nt. I believe in a S      | upreme Being   |
| and am loyal to my Country.                             |                       |                           | -              |
| I was born at on  | the day of            |                           |                |
| My occupation is  |                       |                           |                |
| Employer  |                       |                           |                |
| Residence   |                       |                           |                |
| Mailing Address   |                       |                           |                |
| Telephone   |                       |                           |                |
| E-mail:   |                       | (FULL                     | T              |
| Spouse/Parent/Guardian                                  | ,                     |                           |                |
| Applicant's Signature                                   |                       |                           |                |
| Sponsor:  |                       |                           |                |
| (Name)  | •                     | , Auxiliary, Canton, Club | - Name & No.)  |
|   |                       |                           |                |
| We certify that the applicant meets the qualifications  |                       |                           |                |
| for membership in this lodge.                           | T                     |                           |                |
| Interviewing Committee:                                 |                       |                           |                |
|   | 1                     |                           |                |
|   | ATTEST:               |                           |                |
|   |                       | (Secretary/S              | Scribe)        |
|   |                       |                           | (SEAL)         |