

## APPLICATION

To the Board of Trustees  
The Masonic Low Twelve Club of Tampa  
P.O. Box 260157  
Tampa, Fl. 33685-0157

Date: \_\_\_\_\_

I hereby make application for membership / reinstatement in  
The Masonic Low Twelve Club of Tampa. I am \_\_\_\_\_ years of  
age in good health, and a member in good standing of:

\_\_\_\_\_ Lodge, No. \_\_\_\_\_ F. & A.M.

I hereby name \_\_\_\_\_ whose  
relationship is \_\_\_\_\_ as beneficiary, I hereby  
name \_\_\_\_\_ whose relationship  
is: \_\_\_\_\_ as my secondary  
beneficiary.

Print your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Sign name in full: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Trustee

Subject to our rules and regulations