

GRAND YORK RITE OF KANSAS
PO BOX 1217, TOPEKA, KS 66601-1217
785-232-3381

APPLICATION FOR PERPETUAL MEMORIAL MEMBERSHIP

Amount of Memorial: (must be at least \$100) _____

Memorial Membership for: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Royal Arch Chapter Name and Number _____

Council Name and Number _____

Commandery Name and Number _____

Acknowledgement to: _____

Address: _____

City: _____ State _____ Zip Code _____

Submitted by: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Applications for Memorial Memberships must be for \$100 or more, and may be made for a deceased York Rite Member who was in good standing at the time of his death, or for a living Kansas York Rite member in good standing.

Application must indicate to which York Rite Body is to be credited with the Memorial contribution. Credit may be given to only one York Rite Body per application.

The York Rite Secretary/Recorder will forward the check and 3 copies of application and mail to the Grand Secretary/Recorder. Checks must be made payable to ***Grand York Rite of Kansas Perpetual Membership***.

For office use only: Date Received: _____

Perpetual Life Membership Memorial Number: _____