

Application
Life Membership K.T.



From: _____, 20____

_____ Commandery No. _____

_____, Oregon

To: Michael D. Sullivan
Grand Recorder
P.O. Box 12
Coos Bay, OR 97420

Sir Knight Sullivan,

Enclosed find check in amount of \$_____ in payment of the Life Membership in this
Commandery for, plus \$ 2.50, the fee for a Certificate for:

Sir Knight _____

Address _____

He was born _____
Date

At _____

and Received the Orders of Knighthood in _____ Commandery No. _____

located at _____

on the following dates:

Red Cross: _____

Malta: _____

Temple: _____

Please mail Life Certificate to: { Commandery
(Circle One) { Knight MESSAGE

Courteously yours,

_____, Recorder