APPLICATION FOR REINSTATEMENT IN



Benevolent and Protective Order of Elks

of the United States of America

(Please type or print clearly)

I, the undersigned, under the obligation of the Order, hereby make application to be reinstated in this Lodge, and state: Name ___ Home Phone Member No. Residence (#, Street, R.R. #) (State & Zip) _____ Business Name Occupation Business Address Business Phone Soc. Sec. No. Spouse's Name The place and date of my birth: County State ______ on the _____ day of _____ in year _____ I became a member of this Lodge on the day of _______, I was dropped for non-payment of dues on the ______day of ______, ____. I applied for Absolute Dimit, which was issued by the Lodge on the ____day of_____. I am advised that I may be reinstated to membership in this Lodge upon payment of the following: Reinstatement Fee\$ *Dues to Oct. 1, , April 1, \$ *Total\$ PROPOSER'S NAME PLACE OF RESIDENCE HOME & BUSINESS PHONES References by two members of this Order PLACE OF RESIDENCE BUSINESS NAME I hereby give my consent that this application may be investigated through the use of a Consumer Credit Reporting Agency, and state that I have never been convicted of a felony or a misdemeanor involving moral turpitude.

*Before reinstatement the applicant shall pay the reinstatement fee fixed by the By-Laws, and the proportionate share of the current dues. (See Section 14.180, Laws of the Order, and current Lodge By-Laws).

Signature of Applicant (in own handwriting)

REINSTATEMENT

| Committee Signatures (Chairman) | The undersigned members of the Committee of Investigation, having conscientiously investigated this application, reportfavorably on the name of | COMMITTEE ON INVESTIGATION (Type/Print Names) (Chairman) | Date Rejected | Date Elected | APPLICATION OF | No |
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