



Application For Membership in the JUNIOR MUTUAL AID SOCIETY

(NOT LIFETIME MEMBERSHIP)

Enclosing herewith one dollar (\$1.00) for the initial assessment, I hereby apply on behalf of my healthy child/grandchild/ward, for admission in the JUNIOR MUTUAL AID SOCIETY OF THE UNITY OF THE BRETHERN. The death benefit will be one thousand dollars (\$1,000). Upon notification of another member's death I am binding myself (and guardians of the child after me) to pay one dollar (\$1.00) into the treasury of the Junior Mutual Aid Society within thirty (30) days after such notification has been received, and one dollar (\$1.00) annual administrative fee once each year when called for. I understand that if false information detrimental to the Junior Mutual Aid Society is made on this application, the Junior Mutual Aid Society is obligated to pay no benefits in case of this child's death. I promise to be governed by the constitution and by-laws of the Mutual Aid Society.

Full Name of Applicant (Child): _____

Date of Birth: _____ Place: _____ Sex: Male / Female

Applicant's Address: _____

Father's Full Name: _____

Mother's Full Name (include Maiden): _____

Beneficiary's Name(s): _____

Beneficiary's Address: _____

Beneficiary's Relationship to Child: _____

Send Annual Bill To (Name, Address, Phone): _____

Baptized by Rev. _____ On (Date): _____

I testify upon my honor that the above information is according to my best knowledge and conscience absolutely correct and that the applicant is in good health.

(Signature of One Making Application For and
On Behalf of the Above-Named Applicant)

Date

Phone

We, the officers of the Mutual Aid Society Local _____ No _____, testify that the applicant is in good health and approve this application on the _____ day of _____ A. D. 20____.

President

Secretary