



APPLICATION FOR MEMBERSHIP IN THE MUTUAL AID SOCIETY OF THE UNITY OF THE BRETHREN

I am applying herewith for membership in the Mutual Aid Society of the Unity of the Brethren, and am enclosing \$ _____ as **entrance fee** and \$ _____ to take care of the initial **assessment** after my admission. I, or my spouse, parent or grandparent, am a member of the Unity of the Brethren Church, and the information about myself, which I give below over my signature, is, according to my best knowledge and conscience, absolutely correct. If I have made any false statements, I renounce for myself and for my heirs all rights in the Society and claims and benefits that should otherwise come to my heirs. I bind myself to faithfully keep the Constitution and By-Laws of the organization, and I will always support its interests to the best of my ability.

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

Occupation _____ Bill Annual Fees To _____

Bill To Address _____

Give name and phone number of personal physician:

Name _____ Phone _____

Have we your permission to refer to your physician for further information? _____

Have you ever been rejected by a fraternal or insurance company? _____

If so, give name _____

Why _____ When _____

Have you been ill or undergone a surgical procedure in the last 6 months? _____

Explain _____

My death benefit I bequeath to my (relationship) _____

Give name and address of each _____

Submitted at _____, 20____
(City) (State)

Signature of Applicant

Testimonial of Officers of the Local:

We the President and Secretary of Local _____ No. _____ recommend _____ for membership in the Mutual Aid Society of the Unity of the Brethren and certify that we know them as an honorable person and that they enjoy good health and is worthy to become a member of the Society.

Signed: _____

President of the Local

Secretary of the Local

Testimonial of the Elders of the Church Congregation:

We the undersigned herewith testify that the applicant leads an honorable life and enjoys good health.

Signed: _____ Pastor

_____ Elder

_____ Elder

Submitted at _____, 20____
(City) (State)

Entrance Fees by Age

From 16 thru 19 years	\$ 0.00
From 20 thru 24 years	1.00
From 25 thru 29 years	2.00
From 30 thru 34 years	3.00
From 35 thru 39 years	5.00
40 years	6.00
41 years	7.00
42 years	8.00
43 years	9.00
44 years	10.00
45 years	11.00
46 years	12.00
47 years	13.00
48 years	14.00
49 years	15.00
50 years	17.00
51 years	19.00
52 years	21.00
53 years	23.00
54 years	25.00
55 years	28.00
56 years	31.00
57 years	34.00
58 years	37.00
From 59 thru 60 years	40.00

Assessments (15/yr)

From 16 thru 19 years	\$ 1.00
From 20 thru 24 years	1.10
From 25 thru 29 years	1.20
From 30 thru 34 years	1.35
From 35 thru 39 years	1.50
From 40 thru 44 years	1.75
From 45 thru 49 years	2.00
From 50 thru 54 years	2.50
From 55 thru 60 years	3.00

**Use other applications for
LIFETIME MEMBERSHIP
or
OVER 60 MEMBERSHIP**

Questions: Natalie Outlaw
979.589.2012 or
natalieoutlaw@yahoo.com