

## **Over 60 Membership**

Over 60 Membership in the Mutual Aid Society is for members over the age of 60 who wish to join for the purposes of benevolence, voting and representation rights. Members pay \$100 per year until they have paid in \$1,500, at which time no more annual assessments are due. The death benefit for these members is only the amount that has been paid into the Society. If the member stops paying before \$1,500 has been paid in, membership ceases and all dues are forfeited.

Use other applications for **ANNUAL MEMBERSHIP** or **LIFETIME MEMBERSHIP** 

If you have questions, contact Mutual Aid Society General Secretary Natalie Outlaw at 979.589.2012 natalieoutlaw@yahoo.com

## APPLICATION FOR OVER 60 MEMBERSHIP IN THE MUTUAL AID SOCIETY OF THE UNITY OF THE BRETHREN

I am applying herewith for membership in Brethren, and am enclosing \$ for parent or grandparent, am a member of the information about myself, which I give below knowledge and conscience, absolutely corresponded for myself and for my heirs all right should otherwise come to my heirs. I bind may be below the organization, and I will always ability.	or Over 60  he Unity of over my sect. If I have so in the Son over myself to face.	O Membership. I, of the Brethren Chaignature, is, accordance made any falso ociety and claims and the Chairms	or my spouse, nurch, and the ding to my best e statements, I nd benefits that onstitution and		
Name		A	ge		
Address					
City Sta	te	Zip Code			
Phone	_ Date of B	Date of Birth			
Occupation	Bill <i>A</i>	Bill Annual Fees To			
Bill To Address					
My death benefit I bequeath to my (relationship) Give name and address of each					
Submitted at					
(City)	(State)				
	Signature of Applic	ature of Applicant			
Testimonial of Officers of the Local:					
We the President and Secretary of Local recommend			_ No		
for membership in the Mutual Aid Society of the			ify that we know		
them as an honorable person and is worthy to b					
S	Signed:				
	· -	President of the			
		Secretary of t	he Local		
Testimonial of the Elders of the Church Cong We the undersigned herewith testify that the app	-	s an honorable.			

		Signed:		Pastor
				Elder
				Elder
Submitted at			Date	, 20
	(City)	(State)		