

# Applicant's Petition for Life Membership

(To be completed by the applicant.)

\*\*\*\*\*

**LIFE MEMBERSHIPS ARE GRANTED ONLY IN  
CONSIDERATION OF LONG AND DISTINGUISHED  
SERVICE TO THE ORDER.**

\*\*\*\*\*

\_\_\_\_\_  
(Date)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Member of \_\_\_\_\_ Chapter No. \_\_\_\_\_

Offices held: \_\_\_\_\_

Special services to the Order, such as on Committees, Special Projects, or other active help or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District and Association offices held: \_\_\_\_\_

Number of consecutive years of membership in a Michigan Chapter or Chapters.

\_\_\_\_\_

In which Michigan Chapter or Chapters? \_\_\_\_\_

\_\_\_\_\_

Approximate years of active service \_\_\_\_\_

Attendance record \_\_\_\_\_

Signed \_\_\_\_\_

**Applicant**

(Note: This form is to be used in conjunction with Form No. 22.)