

SUPREME COUNCIL
OF THE
ROYAL A RCANUM
AN INTERNATIONAL FRATERNITY  PROVIDING FAMILY PROTECTION

HOME OFFICE

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APPLICATION FOR TRANSFER TO SOCIAL MEMBERSHIP

NO PAYMENT IS NECESSARY AT THIS TIME. SIMPLY COMPLETE AND RETURN THIS APPLICATION AND YOU WILL BE BILLED FOR THE ANNUAL SOCIAL MEMBERSHIP DUES.

I, _____ A MEMBER OF _____ COUNCIL
NO. _____ ROLL NO. _____ ,HEREBY APPLY FOR SOCIAL MEMBERSHIP IN
ACCORDANCE WITH THE PROVISIONS OF SECTION 428 OF THE CONSTITUTION AND LAWS.

IN ADDITION TO SUBORDINATE ANNUAL COUNCIL DUES, I AGREE TO PAY THE SUPREME COUNCIL DUES
OF \$1.20 ANNUALLY.

DATED: _____ SIGNED _____
(Member must sign name in full)

ADDRESS _____

CITY _____

STATE OR PROVINCE _____ ZIP CODE _____