



ACHPATEUNY LODGE 498
MEMBER APPLICATION

FIRST NAME: _____ LAST NAME: _____

UNIT NUMBER: _____ DEROS: _____ BIRTHDATE: _____

E-MAIL: _____ HOME PHONE: _____

MAIL ADDRESS: _____

ORDEAL MEMBERSHIP

DATE ELECTED: _____ DATE INDUCTED: _____

LODGE NAME AND NUMBER: _____

COUNCIL NAME: _____

BROTHERHOOD MEMBERSHIP

DATE OF BROTHERHOOD CEREMONY: _____

LODGE NAME AND NUMBER: _____

COUNCIL NAME: _____

VIGIL HONOR

DATE NOMINATED: _____ DATE INDUCTED: _____

INDIAN NAME: _____ TRANSLATION: _____

LODGE NAME AND NUMBER: _____

COUNCIL NAME: _____

DUES ARE \$10.00 PER YEAR

Office Use Only

Dues

Medical Form