



APPLICATION FOR REINSTATEMENT IN

Benevolent and Protective Order of Elks
of the United States of America

I, the undersigned, under the obligation of the Order, hereby make application to be reinstated in this Lodge, and state:

My name, residence, and occupation:

Name _____ Home Phone _____ Member No. _____

Residence _____, _____, _____
(#, Street, R.R. #) (City) (State & Zip)

Occupation _____ Business Name _____

Business Address _____, _____, _____
(#, Street) (City) (State & Zip)

Business Phone _____ Soc. Sec. No. _____ Spouse's Name _____

The place and date of my birth:

City _____ County _____

State _____ on the _____ day of _____ in year _____

I became a member of this Lodge on the _____ day of _____, 19____.

I was dropped for non-payment of dues on the _____ day of _____, 19____.

I applied for Absolute Dimit, which was issued by the Lodge on the _____ day of _____, 19____.

I am advised that I may be reinstated to membership in this Lodge upon payment of the following:

Reinstatement Fee \$ _____
Dues to Oct. 1, _____, April 1, _____ \$ _____
*Total \$ _____

References to two members of this Order:

NAME	PLACE OF RESIDENCE	BUSINESS

I hereby give my consent that this application may be investigated through the use of a Consumer Credit Reporting Agency.

Date _____, 19____

Signature of Applicant (in own handwriting)

*Before reinstatement the applicant shall pay the reinstatement fee fixed by the Bylaws which shall not be less than fifteen dollars (\$15.00), and the proportionate share of the current dues. (See Section 14.180, Grand Lodge Statutes).