

Mid- Atlantic Association of Shrine Motor Corps

APPLICATION FOR MEMBERSHIP

(Please Type or Print Plainly)

We hereby make application for membership in the Mid-Atlantic Association of Shrine Motor Corps and agree to abide by the Rules, Regulations and Bylaws of said Organization.

NAME OF TEMPLE: _____

NAME OF UNIT: _____

NUMBER OF MEMBERS ON ROSTER: _____

On a separate sheet, please list in alphabetical order the name of each member, their mailing address, zip code number, and e-mail address if any.

NAME AND RANK OF OFFICERS:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Enclose Fee of Ten Dollars (\$10.00) per member listed, which will pay the first years dues. The dues for active and non-riding members are the same. Make checks payable to;

MID-ATLANTIC ASSOCIATION OF SHRINE MOTOR CORPS, AND MAIL TO:

Dale Zimmerman

52 Racehorse Dr. Jonestown, PA 17038

(717)507-8008 MAASMC@comcast.net

APPROVED BY:

Potentate: _____ **Temple:** _____