

SUPREME COUNCIL
OF THE

ROYAL ARCANUM

AN INTERNATIONAL FRATERNITY PROVIDING FAMILY PROTECTION

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- * Please complete on-line or print all information.
- * If completed on-line, please save a copy for your records prior to printing and signing.
- * Please complete every blank _____

APPLICATION FOR 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. _____
CERTIFICATE NO. _____, HEAR BY 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 _____