GRAND LODGE BUILDING ASSESSMENT PAYMENTS

DATE_____

DATE PAID _____ ASSESSMENT AMOUNT PAID _____

LODGE NAME _____ NUMBER _____

FULL NAME _____

ADDRESS _____

_____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE NUMBER _____

ADDITIONAL DONATION _____

STATUS: (CHECK APPLICABLE)

Regular Member _____ 50 Year Member _____ Life Member _____ Life Per-Capita _____

**xxxx