



APPLICATION FOR LIFETIME MEMBERSHIP IN THE MUTUAL AID SOCIETY OF THE UNITY OF THE BRETHREN

I am applying herewith for membership in the Mutual Aid Society of the Unity of the Brethren, and am enclosing a one-time fee of \$_____ for Lifetime Membership. I, or my spouse, parent or grandparent, am a member of the Unity of the Brethren Church, and the information about myself, which I give below over my signature, is, according to my best knowledge and conscience, absolutely correct. If I have made any false statements, I renounce for myself and for my heirs all rights in the Society and claims and benefits that should otherwise come to my heirs. I bind myself to faithfully keep the Constitution and By-Laws of the organization, and I will always support its interests to the best of my ability.

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

Occupation _____

Give name and phone number of personal physician:

Name _____ Phone _____

Have we your permission to refer to your physician for further information? _____

Has the applicant ever been rejected by a fraternal or insurance company? _____

If so, give name _____

Why _____ When _____

Has the applicant been ill or undergone a surgical procedure in the last 6 months? _____

Explain _____

My death benefit I bequeath to my (relationship) _____

Give name and address of each beneficiary _____

Submitted at _____, 20____
(City) (State)

Signature of Applicant OR Parent/Grandparent if Minor

Testimonial of Officers of the Local:

We the President and Secretary of Local _____ No. _____

recommend _____

for membership in the Mutual Aid Society of the Unity of the Brethren and certify that we know them as an honorable person and that they enjoy good health and is worthy to become a member of the Society.

Signed: _____

President of the Local

Secretary of the Local

Testimonial of the Elders of the Church Congregation:

We the undersigned herewith testify that the applicant leads an honorable life and enjoys good health.

Signed: _____ Pastor

Elder

Elder

Submitted at _____, 20____
(City) (State)

2/4/2015

One-Time Membership Fee by Age

Age	Fee	Age	Fee
0	255	30	618
1	262	31	637
2	270	32	656
3	278	33	675
4	287	34	695
5	295	35	717
6	304	36	738
7	313	37	760
8	323	38	783
9	332	39	807
10	342	40	830
11	353	41	855
12	363	42	881
13	374	43	908
14	385	44	934
15	397	45	963
16	409	46	991
17	421	47	1021
18	434	48	1052
19	447	49	1084
20	460	50	1117
21	474	51	1150
22	488	52	1185
23	502	53	1220
24	518	54	1255
25	533	55	1295
26	549	56	1332
27	566	57	1372
28	582	58	1415
29	600	59	1457

This chart is for NEW members only. Existing members may pay up their membership by contacting Natalie Outlaw.

Questions: Natalie Outlaw
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