## Membership Application





## Independent Ørder of Ødd Fellows

	Date:				
I,	Apply to the members	s of		Lodge, No.	
of the Independent Order of Odd Fellows of			for membership I	oy:	
and agree to abide by the member are protected by t enforcement. I believe in a	the laws of the Order a	nd I agree not to	resort to the civil		
I was born at			On		
My occupation is:		My Employer i	s:		
My mailing address is:					
email:			Phone No.:		
Applicant's Signature:					
Sponsor:	Branch	Name & No.:			
We certify that the applicant me qualifications for membership in		I certify that			
Interviewing Committee:		is a member o	f		_ Degree
		in good standi	ng in		No
		ATTEST:			
			(Secretary / S	Scribe)	(SFA