



Touro Fraternal Association®

45 Rolfe Square • PO Box 3562 • Cranston, RI 02910

T: (401) 785-0066 • F: (401) 941-8781

www.tourofraternal.org

APPLICATION FOR REGULAR MEMBERSHIP

(Limited through age 52)

NAME _____ AGE _____

HEBREW NAME _____

(A copy of a Conversion Certificate is required, if applicable)

ADDRESS _____ TEL _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____ EMPLOYED BY _____

BUSINESS ADDRESS _____

MARITAL STATUS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

If you are proposing your wife as a member, please provide her

NAME _____ AGE _____

In consideration of the acceptance by Touro Fraternal Association of my application for membership, I hereby agree that if I enter the Armed Services, Touro Fraternal Association will not be liable for any claim (death, sick benefit, assistance or other) arising therefrom, PROVIDED HOWEVER that notwithstanding that I may be a member of said Armed Services; I shall receive full benefits in accordance with the Constitution and By-Laws of Touro Fraternal Association as long as:

- (1) I remain within the continental limits of the United States of America
- (2) No actual warfare or fighting takes place within such continental limits; and
- (3) I do not participate in aviation

Please Note: A regular member shall be eligible for death or sick benefits, a burial plot in rotation if available and/or other benefits as may be adopted by the Board of Directors so long as such regular member is in good standing and has been a member in good standing for at least two (2) consecutive years prior to the receipt of such benefits.

ANNUAL MEMBERSHIP DUES

(Payable Annually by Jan. 1)

\$4,000 Mortuary Benefit

Name of Primary Beneficiary _____

Address _____

Name of Contingent Beneficiary _____

Address _____

(You may attach a separate sheet of paper)

_____ By initialing, you may select to have your Mortuary
Initials Benefit paid to Touro Welfare Fund if your beneficiary
and contingent beneficiary predecease you

	Men	Women
Ages 18 thru 34	\$35	\$25
Ages 35 thru 45	\$45	\$35
Ages 46 thru 52	\$55	\$45

INITIATION FEE: \$25

(Only initiation fee must accompany application)

I have read and understand all of the above and confirm that all facts stated are, to the best of my knowledge, true.

APPLICANT'S EMAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

PROPOSED BY: NAME _____ TEL _____

EMAIL _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

INVESTIGATING COMMITTEE REPORT: _____

DISPOSITION BY BOARD OF DIRECTORS

ACCEPTED () REJECTED () DATE _____

DATE BALLOTTED UPON BY THE ASSOCIATION _____

DATE INITIATED _____

CP 188972-WIP

(Revised 6/14)