

**TOURO FRATERNAL ASSOCIATION
INVESTIGATING COMMITTEE
QUESTIONNAIRE**

The purpose of this form is for you as a member to inform the Investigating Committee of any concerns and/or questions regarding a new candidate for membership. Your name is not required but would be helpful to the committee in addressing your concern.

Name (optional): _____

Phone Number (optional): _____

Name of New Member Candidate: _____

Comments concerning the Candidate:

Please return this information by US Mail or e-mail to:

**Chairman Investigating Committee
Touro Fraternal Association
45 Rolfe Street
Cranston, RI 02910**

e-mail: tourofratl@aol.com