



TOURO FRATERNAL ASSOCIATION

45 ROLFE SQUARE, PO BOX 3562
CRANSTON, RI 02910
(401) 785-0066

APPLICATION FOR SOCIAL MEMBERSHIP

Social Membership is open to men 53 years of age or older or who have not reached their 53rd birthday and have failed to pass the medical examination for regular membership.

NAME _____ DATE OF BIRTH _____

HEBREW NAME _____

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

ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

EMPLOYED BY _____

BUSINESS ADDRESS _____

MARITAL STATUS _____

NOTE: All Social Members shall have the right to participate in the social activities of the Association subject, however, to such rules and regulations as, from time to time, may be adopted by the Board of Directors. Social Members DO NOT have the right to vote, are entitled to no death, sick or other monetary benefits or rights and have no right in the property and assets of the Association.

INITIATION FEE: \$25 ANNUAL DUES: \$60

(Initiation fee must accompany application)

Signature of Applicant _____ Date _____

Proposed By _____

FOR OFFICE USE ONLY

Date Application Received _____

Investigating Committee Report: _____

Signature of Investigating Committee Chairman _____

DISPOSITION BY BOARD OF DIRECTORS

ACCEPTED () REJECTED () DATE _____

DATE BALLOTTED UPON BY THE ASSOCIATION _____

DATE INITIATED _____



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