I,		Date		
{Name - Please Print}				
Apply to the members of	No	of the Independ	lent Order of Odd	
{Lodge Name		tion Transfor C	and Associate]	
{Jurisdiction}	_for membership by: [Initia	embership by: [Initiation - Transfer - Card - Associate]		
and agree to abide by the rules, regulation	ns and teachings of the Orde	{circle one}	rights as a	
member are protected by the laws of the	0	5	U U	
enforcement. I believe in a Supreme Bei	-		.5 IOI UICII	
enforcement. Toeneve in a Supreme Der	ng and am loyar to my Coun	uy.		
I was born at	on		M / F	
{City, State, Zip}	{Date:mm/d		Gender	
My occupation is	Employer			
Mailing Address City	State Z	ip		
Email Address		-		
Home Phone	Cell Phone			
Work Phone	Name of			
	(Sj	oouse/Parent/Guardian}		
A 1	C : 4			
Applicants	Signature			
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * * * *	
Sponsor	Name of			
5001301		Auxiliary. Canton. Club	- Name & No }	
* * * * * * * * * * * * * * * * * * * *				
We certify that the applicant meets the	I certify that			
qualifications for membership in this lo	dge. is a member \overline{of}		Degree	
Interviewing Committee:	in good standing	in	No	
	ATTEST			
	(Secretary	y/Scribe)		
	(SEAL)			
T 1 T 1 1	1st/ 2nd	// 3rc	l//	
Lodge: In//				
	1st / / 2nd 2nd / / 3rd	/	3rd	