



**APPLICATION FOR PREPAID MEMBERSHIP**

ID No. \_\_\_\_\_ Date: \_\_\_\_\_  
 Lodge No. \_\_\_\_\_ Lodge Name: \_\_\_\_\_  
 Brothers Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Current Dues Paid? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Month/Day/Year) (if yes, continue) (If no, pay then continue)

**COMPUTATION**

- 1. AGE ON DATE OF THE APPLICATION ..... \_\_\_\_\_
- 2. FACTOR USED (from actuarial table below): ..... \_\_\_\_\_
- 3. LODGE DUES: ..... \_\_\_\_\_
- 4. PER CAPITA ..... \_\_\_\_\_
- 5. Michigan Masonic Charitable Foundation ..... \_\_\_\_\_
- 6. OTHER (e.g. GWMNMA): ..... \_\_\_\_\_
- 7. ONE YEARS TOTAL (add lines 3 thru 6 and enter on lines 7 & 10 )..... \_\_\_\_\_
- 8. FACTOR USED (from line 2) ..... \_\_\_\_\_
- 9. TOTAL COLLECTED (multiply line 7 by line 8) .....   
 (APPLICANT: PAYABLE TO "YOUR LODGE")
- 10. ONE YEARS TOTAL (from line 7)..... \_\_\_\_\_  
 (Sec. to retain for next years dues and assesments)
- 11. AMOUNT TO FORWARD ( subtract line 10 from line 9).....   
 (Secretary: Payable to "Grand Lodge Prepaid Member Fund)

AGE		ACTUARIAL TABLE					
LINE 1	FACTOR	AGE FACTOR		AGE FACTOR		AGE FACTOR	
19-29	20.0	53	16.4	60	14.0	67	11.9
30-39	19.0	54	16.0	61	13.7	68	11.6
40-44	18.5	55	15.6	62	13.4	69	11.3
45-49	18.0	56	15.3	63	13.1	70+	7.0
50	17.5	57	14.9	64	12.8		
51	17.0	58	14.6	65	12.5		
52	16.7	59	14.3	66	12.2	LTM	7.0

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Lodge Member Lodge Secretary

GRAND LODGE USE ONLY

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_  
 Amount Received: \_\_\_\_\_ Entered By: \_\_\_\_\_