

# APPLICATION FOR STATE LIFE MEMBERSHIP

FORM MS-65 (Initial Issue)

FIRST NAME: \_\_\_\_\_

MI: \_\_\_\_

LAST NAME: \_\_\_\_\_

SUFFIX: \_\_\_\_ (Jr., Sr., etc.)

CONTROL # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: MISSISSIPPI

ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

CURRENT CHAPTER:

\_\_\_\_\_

## APPLICATION FOR STATE LIFE MEMBERSHIP

ONE PAYMENT OF \$300.00  (Check box)

ENTER NAME (AS YOU WISH IT TO APPEAR ON CERTIFICATE):

\_\_\_\_\_

FOR STATE USE:

DATE RECEIVED BY STATE KRS: \_\_\_\_\_

STATE LIFE MEMBER NO. ID ISSUED: \_\_\_\_\_

STATE REP SIGNATURE \_\_\_\_\_