

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 _____