



Young Ladies' Grand Institute

A Catholic Women's Organization

APPLICATION FOR MEMBERSHIP

Institute No.	Institute Name	Date
Applicant's Name		Applicant's Parish

I wish to become a member of your institute. I am a Catholic and love and support the Church and wish to participate in the activities of the Order.

I am applying for (check one):

- BENEFICIAL MEMBERSHIP which entitles me to the Death Benefit. I am at least eighteen (18) and under fifty-six (56) years of age. *(Complete a Beneficiary Form following initiation.)*
- ASSOCIATE MEMBERSHIP which entitles me only to Associate privileges. I am at least fourteen (14) years of age.

Are you familiar with the objectives of Young Ladies' Grand Institute (YLGI)? _____ Have you ever been a member of YLGI? _____ If so, of which institute were you a member and how did you discontinue your membership? _____

To what organizations do you belong? _____

When admitted to YLGI, will you assist your Sisters in work that is honorable and charitable, obey our laws and hold in trust whatever may concern YLGI? _____

Address: _____

City: _____

Date of Birth: _____

State: _____ Zip: _____

Phone No.: _____

Cell Phone No. _____

E-mail Address: _____

Status: *(check one)* Single Married Widow Religious

If Married, Maiden Name _____

Spouse's Name _____

Priest's Signature

Applicant's Signature

Proposed By

Application Committee Chairman

For Office Use Only:

Initiation Date: _____ Roll Number: _____