



COMMITTEE ON MASONIC BENEVOLENCE

Application for

EMERGENCY

Help, Aid and Assistance for amounts up to \$500

OFFICE USE ONLY

CASE NUMBER

Grid for Case Number and Received Date

Title of Beneficiary

Wife, Widow, Master Mason, Dependent Child checkboxes

Lodge Name, Requesting Help, Aid or Assistance

Lodge Number

Grid for Lodge Name and Lodge Number

Name of District of the Lodge Requesting Help, Aid or Assistance

Grid for Name of District

Full Name of Beneficiary

Grid for Full Name of Beneficiary

Street Address

Grid for Street Address

City

State

Zip Code

Grid for City, State, and Zip Code

Home Phone:

Grid for Home Phone

Business Phone:

Grid for Business Phone

Years Months

If living outside the state of New York, indicate years and months in present state

Grid for Years and Months

Name of lodge of brother mason upon which relief is based (Where he became a Master Mason)

Lodge Number

Grid for Name of Lodge and Lodge Number

Street Address

Grid for Street Address

City

State

Zip Code

Grid for City, State, and Zip Code

Month Day Year

If demitted from above-named Lodge, indicate date

Grid for Date

Name, Location and dates of any other Lodge(s), with which affiliated (use back of Application to include this or other information if necessary)

Blank lines for other lodge information

Indicate time CONTINUOUSLY held in Masonic Membership

Years Months grid

- Has Lodge remitted or paid dues for this member?
Has Lodge ever made a financial contribution for this member?
Have You ever applied for Masonic Help, aid or Assistance?
Has the applicants Masonic District made a contribution?

Provide name of other masonic/non masonic bodies member belongs contribution amount \$

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PLEASE READ THE FOLLOWING, SIGN AND DATE THE DOTTED LINE IF YOU AGREED TO THE TERMS.

I, authorize reference and criminal background checks (employment, criminal, motor vehicle, credit, academic etc...) listed on my application and my former employers to give the committee on Masonic Benevolence any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result in furnishing this information to you.

I understand and agree that any misrepresentation or omission of facts in my application will be justification for refusal or termination of benefits.

