MEMBERSHIP APPLICATION AND DATA FORM

Branch No.  
City:  

Family Name:  

Leave Blank For New Members

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Int.</th>
<th>Birthdate Mo. Da. Yr.</th>
<th>Age</th>
<th>Member No.</th>
<th>Dues Paid</th>
<th>Date Paid</th>
<th>To</th>
<th>No. Of Mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Children: Under the age of 18 or 18-23 if full time student

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Int.</th>
<th>Birthdate Mo. Da. Yr.</th>
<th>Age</th>
<th>Member No.</th>
<th>Dues Paid</th>
<th>Date Paid</th>
<th>To</th>
<th>No. Of Mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family Rate $  

Action Requested

- [ ] Individual Membership
- [ ] Family Membership
- [ ] Change Address/Name/Ph.
- [ ] Cancellation Hospital Plan
- [ ] Transfer To Br.# ________
- [ ] Transfer From Br.# ________
- [ ] Cancellation of Membership
- [ ] Applies to Hospital Plan:
  - Date: ___ / ___ / ___
  - No: ________ Age: ________
- [ ] Deceased
  - Died on: ___ / ___ / ___
  - Date: ___ / ___ / ___

E-mail Address:  
Address:  
City  
ST  
Zip Code  

Area Code  
Number  
Application Sponsor Name  

Are you a baptized Roman Catholic?  

[ ] YES  
[ ] NO  

What parish do you belong to?  
Name of Church  

If not Catholic, is your spouse a baptized Roman Catholic and a member the I.C.F.?  

[ ] YES  
[ ] NO  

Signature of Applicant/Member  
Signature of Spouse  

Secretary