



Grand Council R & SM of Ohio Endowed Membership Application Form

Select Payment Option: One-time fee of \$800.00

(This option requires the applicant to pay his dues to his Council for one additional year following the one time payment of \$800.00)

Three year installment plan - \$267.00 for 3 consecutive years

(This option requires the applicant to pay a total of \$800.00 in three consecutive annual payments of \$267.00. In addition, the applicant must continue to pay his normal annual dues to his Council. Following payment in full, he must pay one additional dues payment before his endowed membership becomes effective.

Check No. _____ Date _____

Last Name _____ First Name _____ Middle Name _____

Address 1 _____ Address 2 _____

City _____ State _____ Zip Code _____

Council Name _____ No. _____ Location _____

FOR GRAND COUNCIL USE ONLY

ENROLLMENT OPTION: _____

INITIAL PAYMENT AMOUNT: _____

DATE RECEIVED: _____ CHECK NO. _____

SECOND INSTALLMENT AMOUNT: _____

DATE RECEIVED: _____ CHECK NO. _____

THIRD INSTALLMENT AMOUNT: _____

DATE RECEIVED: _____ CHECK NO. _____

ENROLLMENT NUMBER: _____

DATE PAID IN FULL: _____