

PLEASE PRINT or TYPE AND RETURN THIS FORM AS SOON AS NEW MEMBERS ARE

The SGL - IARA Membership Program
SPONSOR of NEW MEMBER

Sponsor Name _____
New Member's Lodge _____
Lodge Secretary Name _____
Address _____
City _____
State/Province _____
Postal/Zip Code _____



NEW MEMBER

Date Admitted _____ Bro. ___ Sis. ___
Name _____
Address _____
City _____
State/Province _____
Postal/Zip Code _____
Date of Birth: M/D/Y _____
E-mail: _____
Phone: _____

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Phone: _____

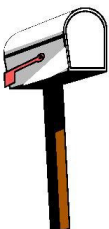
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Phone: _____



MAIL, FAX, E-mail
TO:

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The SGL / IARA MEMBERSHIP
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Winston-Salem, North Carolina 27101-2830

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