



APPLICATION FOR MEMBERSHIP

ASSURED LIFE
ASSOCIATION

Name _____ Chapter No. _____

Address _____
(Street) (City) (State/Zip Code)

(Phone Number) (E-mail Address)

Place of Birth _____
(City or Town) (State or Country)

Date of Birth _____

Dated at _____ this _____ day of _____ 20 _____
(City & State)

Applicant's Signature _____

Witness _____

Attested by Society Secretary

Membership Approved on: _____
(Date)

Secretary's Signature

Note: Please refer to the Bylaws of Assured Life Association for the description and rights of the social member.

Send Completed Application to the Vice President of Fraternal Affairs at:



ASSURED LIFE
ASSOCIATION

PO BOX 3169
ENGLEWOOD, CO 80155

PHONE 303.792.9777
TOLL-FREE 800.777.9777
FAX 866.663.8560

WWW.ASSURED.LIFE.ORG