



Danish Brotherhood In America Chapter

(An Affiliate of Assured Life Association)

APPLICATION FOR SOCIAL MEMBERSHIP

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 Chapter Secretary

Membership Approved by Chapter on _____
(Date)

Secretary's Signature _____

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

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



ASSURED LIFE
ASSOCIATION

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ENGLEWOOD, CO 80155

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TOLL-FREE 800.777.9777
FAX 866.663.8560

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