



Application for Reinstatement

Benevolent and Protective Order of Elks of the United States of America

(Please print legibly)

Proposer: I (Name of Proposer) (Membership No.) (Signature of Proposer)

Address: City: State: Zip: (Plus 4)

E-mail Address: Telephone Number:

Propose:

Legal name of applicant (M) (F) Occupation
Name of spouse Business name
Home address Business address
Home city, state & zip Business city, state & zip
Personal telephone number Business telephone
Personal E-mail address Business E-mail address

1. By signing this application I hereby authorize the receipt of Lodge newsletters and statutorily required notices pursuant to Section 1.115 of the Grand Lodge Statutes by E-mail or other electronic means at the personal E-mail address listed above. YES NO

2. Born in the City of, in the County of, located in the State of on the day of, in the year of.

3. Applicant was a Member of Lodge No. in the State of. He or she was: dropped for nonpayment granted an Absolute Dimit

4. The applicant is advised that he/she may be Reinstated to membership in this Lodge upon payment of the following: Reinstatement Fee \$ Affiliation Fee \$ *Proportionate Dues \$ *TOTAL \$

5. Have you ever pleaded guilty or no contest to or been convicted of a felony or crime of moral turpitude? (yes or no) (Please note, any such plea or conviction must be disclosed, even if the case was later expunged or dismissed. Such disclosure will not automatically prevent your reinstatement, but may be a factor to be considered by the membership.) I understand that the Lodge may perform a criminal background check to verify the information provided.

[Signature of Applicant] [Date]

*Before Reinstatement, the Applicant shall pay the Reinstatement and Affiliation Fees fixed by the Lodge By-Laws, which may not be less than fifteen (\$15.00) dollars, and the proportionate share of the current dues. {See Section 14.180, Laws of the Order, and current Lodge By-Laws}

[PROPOSER REFERENCES]

*Provide 2 references other than the Proposer.
Both must be Members of the Order.*

Name _____ Membership No. _____
 Lodge Name & No. _____
 Home Address _____
 Business Address _____
 Telephone _____
 E-mail _____
 Name _____ Membership No. _____
 Lodge Name & No. _____
 Home Address _____
 Business Address _____
 Telephone _____
 E-mail _____

*List all places of residence and your occupation for the
5 years preceding the date of this application if different
from the address and/or occupation given on reverse side.*

Place of Residence: _____
 Date (Established/Changed): _____
 Occupation: _____
 Telephone: _____
Place of Residence: _____
 Date (Established/Changed): _____
 Occupation: _____

APPLICATION PROCESSING RECORD

Committee on Membership Recommendation

The undersigned Committee on Membership reviewed the application of _____ for membership in the BPO Elks USA (Date) _____ and found:

Favorably Unfavorably

Signatures of Committee Members:

To be completed by the Lodge Secretary

Result of Ballot by the Lodge:

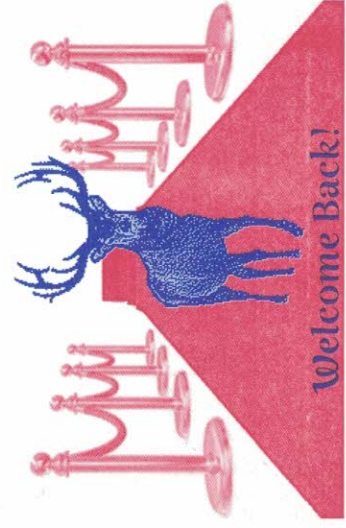
Accepted Rejected

Action	Date
Application Received	
Initiation Fee Paid (\$)	
Read on the Lodge Floor	
Balloting on Candidate by Lodge	
Applicant Notified of Result of Balloting	
Orientation	
Prorated Dues Paid (\$)	
Initiated	
Membership Number Assigned	
Member Information Entered in CLMS	

**Application
for
Reinstatement**



**Benevolent and Protective
ORDER OF ELKS**
of the United States of America



Elks Care — Elks Share