

Khedive Beach Bum Brothers

Application for Membership

Membership type (check one):	Active _____	Associate _____
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Name in full: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Occupation: _____ Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: _____ How long? _____ Wife's First Name _____

Dependent names and ages: _____

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Masonic Lodge Affiliation: _____ Date of Raising: _____

Current Dues Card (circle) Yes / No Dues Card Number: _____

Member in good standing of Khedive Shrine Center (circle): Yes / No

Have you ever been charged with a Masonic offense (circle): Yes/ No (if yes, please attach a statement of details)

Have you ever been suspended or expelled from a Masonic or Shrine organization (circle) Yes / No

List all Shrine organizations in which you have ever been a member or affiliate:

Are you still a member in good standing of any of the above? _____

If not, list reasons for terminating membership: _____

Do you currently own or have immediate intentions of purchasing a Segway? _____

Year, Make and Model: _____

Briefly summarize your Segway riding experience: _____

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State briefly why you desire to become a member of the Khedive Beach Bum Brothers Unit:

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Date of application: _____ Signature of Applicant _____

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Recommended by (2 vouchers required for submission)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date accepted or rejected: