



MASONIC BLOOD DONOR CLUB

"We Give That Others May Live"

We invite you to protect your family and your community

NEW MEMBER FORM FAMILY OF FREEMASONRY

- Donation by new member
 Donation by substitute donor

New member number: _____ (to be assigned by Blood Club)

(Please print the following information legibly and complete the entire form)

INFORMATION IS FOR THE NEW MEMBER

LODGE/GROUP NAME: _____ **LODGE/GROUP#:** _____

First Name: _____ **MI:** _____ **Last Name:** _____ **Title:** _____ (Sr., Jr.)

Date of Birth: _____ **Telephone #:** _____

Spouse's Full Name: _____ **Date of Birth:** _____

Apt. Name: _____ **Apt. #** _____

PO Box: _____ **RD #:** _____ **Box #:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Email address: _____

Donation Date: _____ **Donation Place:** _____

Substitute Donor's Name: _____

Substitute Donor's Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Email address: _____

Mail to:
Masonic Blood Donor Club
c/o Masonic Temple
One North Broad Street
Philadelphia, PA 19107

Photocopy this form as needed