

**APPLICATION FOR MEMBERSHIP
YOUNG LADIES' INSTITUTE
A Catholic Women's Organization**



_____ 20 _____

Institute No. _____

I, _____, desire to become a member of your Institute.

I am a member of _____ (Name of Parish)

BENEFICIAL MEMBERSHIP thereby entitling me to the Death Benefit, subject to approval of Grand Institute Medical Committee. I am over sixteen (16) and under fifty-six (56) years of age.

I apply for:(check one) *\$27.00 per year*

ASSOCIATE MEMBERSHIP entitling me only to Associate privileges.
I am over sixteen (16) years of age.
\$21.00 per year.

Home Address _____ City _____ State _____ ZIP _____

Telephone No. _____ E-Mail _____

Birthplace _____ Date of Birth _____

Status: Single Married Widowed Religious (Circle One)

If Married, date of Marriage _____

Spouse's Name _____

Are you familiar with the objectives of the YLI? _____

Have you ever been a member of the YLI? _____

If so, of which Institute were you a member? _____

Why did you discontinue your membership? _____

When admitted to YLI, will you promise to abide by the rules and regulations of YLI and live up to its Christian principles and ideals? _____

Signature of Priest

Signature of Applicant

Proposed by: _____

We, your Committee on Applications, report favorably/unfavorably on the above applicant. (Circle One)

We find the attached Medical Card complete

Secretary _____

Chairman _____

Institute No. _____

Committee on Applications