

**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