



**WOODMEN OF THE WORLD
AND/OR
ASSURED LIFE ASSOCIATION**

APPLICATION FOR SOCIAL MEMBERSHIP

Name _____ Camp/Lodge No. _____

Address _____
(Street) (City) (State/Zip Code)

(Phone Number) (E-mail Address)

Place of Birth _____
(City or Town) (State or Country)

Date of Birth _____

Dated at _____ this _____ day of _____ 20 _____
(City & State)

Applicant's Signature _____

Witness _____

Attested by Camp/Lodge Secretary

Membership Approved by
Camp/Lodge on _____
(Date)

Secretary's Signature _____

Note: Please refer to the Woodmen of the World and/or Assured Life Association Bylaws for the description and rights of the social member.

Send Completed Application to the Vice President of Fraternal Affairs at:



**WOODMEN OF THE WORLD
ASSURED LIFE ASSOCIATION**
A FRATERNAL LIFE INSURANCE SOCIETY

6030 Greenwood Plaza Blvd., Suite 100
Greenwood Village, CO 80111
Telephone (303) 792-9777 or (800) 777-9777
Fax (303) 792-9793
www.DenverWoodmen.com