

FORM OF APPLICATION.

To the *Executive Committee of the London Masonic
Mutual Benefit Association:*

Being desirous of becoming a member of your Association, I certify that I am in good health, and am not afflicted with any bodily ailment or disease that will hasten or cause my death. My age is-

years ; my occupation is

Office is

good standing of

; my Post

I am a member in

Lodge, No.

Name.

Seal.

*We certify to the correctness of the above statement of Brother and
recommend him to your consideration.*

*W. M.
Secretary.*