

# LIFE MEMBER CARD REPLACEMENT REQUEST

Mail this FORM to: Supreme Quartermaster 604 Braddock Ave Turtle Creek, PA 15145

I have enclosed the current Life Card of:

Name: \_\_\_\_\_ Life Card No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PT Name \_\_\_\_\_ PT # \_\_\_\_\_  
Grand of \_\_\_\_\_ WASHINGTON \_\_\_\_\_ Supreme Key # \_\_\_\_\_  
Date: \_\_\_\_\_ (\*)Signed \_\_\_\_\_ CCDB

A new Life Card Shall be issued showing the above information. Replacement Cost is \$5.00 per card.  
The card shall be mailed to the member whose name is listed above unless otherwise noted to be  
mailed to another specified party. **IF REPLACEMENT**, card must accompany request

Laj/Membership/LIFE MEMBER CARD REPLACEMENT (rev 6/99)

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