



Shrine Fundraising Association

2024 Temple Membership Form ANNUAL DUES \$250.00 U.S. FUNDS

Date: ____/____/____
mm dd yy

Shrine Center Name: _____

Shrine Address: _____

Street _____

City _____

State/Province _____ Postal/Zip _____

We hereby request membership in the:
SHRINE FUNDRAISING ASSOCIATION (SFA)

Each Temple Membership will receive: Members only
Information and The Fundraiser (our quarterly newsletter).

SFA By-Laws provide "One Vote per Shrine Center"

Access to Google Drive which contains fundraising documents
including seminar videos and online seminar webcast

Make Check payable to: SFA

Send Check and Form to:

**SFA. Attn: John Blondell, Secretary
P.O. BOX 48**

Mascoutah, IL 62258

Tel: (618) 406-0214

Email: jblondell@email.com

This form is utilized for the purpose of recognizing the voting delegate from each Temple. Any number of Nobles are permitted to attend seminars; however, only one representative from each Shrine shall be recognized for voting purposes. We encourage the ladies to attend as we always have a Ladies program.

Name of Voting Representative for 2024 *(SFA recommends the Fundraising Chairman be your Rep)*

Name: _____

Title: _____

Home Address: _____

City _____ State/Prov _____ Postal / Zip _____

Mobile Phone: () _____

Temple Phone: () _____

E-mail _____

Name of Alternate Representative for 2024

Name: _____

Title: _____

Home Address: _____

City _____ State/Prov _____ Postal / Zip _____

Mobile Phone: () _____

E-mail: _____

Membership Payment Options: Please Email the President at jblondell@email.com to see if you have

Prices for Paying by Check:

- 1 Year Temple Membership \$250
- 2 Year Temple Membership (5% Off) \$488
- 3 Year Temple Membership (10% Off) \$713

already paid for more than one year

Prices for Paying online:

- 1 Year Temple Membership \$256
- 2 Year Temple Membership (5% Off) \$499
- 3 Year Temple Membership (10% Off) \$729

(Online payments fees are include included in the price)

Please Select Payment Method: Paying by Check:
(Include form with check)

Paid Online: (If paying online please email this form jblondell@email.com)

Authorized Signature: _____ Title: _____