

# NEW MEMBER FORM

Donation by New Member  
Donation by Substitute Donor

New Member Number:

(Will be assigned by Masonic Blood+Organ Donor Club)

**Please print and complete the following information legibly and completely.**

NEW MEMBER INFORMATION

Lodge/Group Name	Lodge/Group Number		
First Name	M.I.	Last Name	Title (Sr./Jr.)
Email	Phone		Date of Birth
Address	City	State	Zip
Spouse's First Name	M.I.	Spouse's Last Name	Date of Birth

DONATION INFORMATION

Name of Blood Collection Agency	Donation Date		
<b>Substitute Donor Name (if applicable)</b>			
SUBSTITUTE DONOR DOES NOT NEED TO BE MASONIC AFFILIATED			
First Name	M.I.	Last Name	Title (Sr./Jr.)

**Email completed form to:**  
MBODP@pagrandlodge.org