

# NEW MEMBER FORM

Donation by New Member  
Donation by Substitute Donor

New Member Number:

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

**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      Masonic Host

**Substitute Donor Name (if applicable)**  
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