



APPLICATION FOR MEMBERSHIP

CHRISTOPHER COLUMBUS MUTUAL BENEFIT SOCIETY

11 Fountain Street - Columbus Square
Framingham, MA 01702

Date: _____

Name: _____ Home Address: _____

Place of Birth: _____ Age: _____ Date of Birth: _____

Applicant's Signature: _____ Telephone: (_____) _____

Email: _____

ENDORSED BY:

Member's Name: _____ Member's Name: _____

The applicant has been made cognizant of ARTICLE IX and ARTICLE X of the Society By-Laws.

Article IX: Membership is limited to males who are residents of the Greater Framingham Area and who are of Italian birth or Italian descent. *Italian descent* shall be defined as a male born of a parent whose ancestors shall include one person of Italian birth and ethnicity. The test to be extended to grandparents. There shall be two (2) classes of membership, as follows:

- A. Insurance Membership:** An applicant who, upon admission, has attained the age of eighteen (18) years but has not yet attained the age of fifty (50) years, shall become an insurance member. Upon his death, his widow, or other beneficiary as provided in the By-Laws, shall receive death benefits.
- B. General Non-Insurance Members:** An applicant who, upon admission, has already attained the age of fifty (50) years, shall become a general or non-insurance member. He shall have no voice or vote in the management of the Society's insurance affairs and his widow or other beneficiary shall not be paid death benefits. He shall, however, have a voice or vote in Society matters and be entitled to all other privileges and rights of insurance members.

Article X: The membership application must be accompanied by the prescribed fees and the yearly dues, or fraction thereof, of the entry year. The membership initiation fees vary with age of the applicant as follows:

A. Insurance Members 18 - 25 years \$10.00 26 - 30 years \$20.00 31 - 35 years \$30.00 36 - 40 years \$35.00 41 - 45 years \$40.00 46 - 50 years \$45.00	B. General Members Initiation \$10.00 C. Dues - Insurance and General Members \$40.00 annually
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REFERRED TO COMMITTEE: _____ DATE: _____

PRESENTED: _____ PAID: _____

ELECTED: _____ CASH: _____

ENTERED IN RECORD: _____ CHECK #: _____