



Application for Reinstatement

Benevolent and Protective Order of Elks of the United States of America

(Please print legibly)

Proposer: I _____
(Name of Proposer) (Membership No.) (Signature of Proposer)

Address: _____ City: _____ State: _____ Zip: _____
(Plus 4)

E-mail Address: _____ Telephone Number: _____

Propose:

Legal name of applicant _____ (Maiden) (M) (F) (circle one)	Occupation _____
Name of spouse _____	Business name _____
Home address _____	Business address _____
Home city, state & zip _____	Business city, state & zip _____
Personal telephone number _____	Business telephone _____
Personal E-mail address _____	Business E-mail address _____

1. By signing this application I hereby authorize the receipt of Lodge newsletters and statutorily required notices pursuant to Section 1.115 of the Grand Lodge Statutes by E-mail or other electronic means at the personal E-mail address listed above. YES ☐ NO ☐

2. Born in the City of _____, in the County of _____, located in the State of _____
on the _____ day of _____, in the year of _____.

3. Applicant was a Member of _____ Lodge No. _____ in the State of _____.
He or she was: ☐ dropped for nonpayment ☐ granted an Absolute Dimit

4. The applicant is advised that he/she may be Reinstated to membership in this Lodge upon payment of the following:

Reinstatement Fee. \$ _____

Affiliation Fee \$ _____

*Proportionate Dues \$ _____

*TOTAL \$ _____

5. Have you ever pleaded guilty or no contest to or been convicted of a felony or crime of moral turpitude? _____
(yes or no)

(Please note, any such plea or conviction must be disclosed, even if the case was later expunged or dismissed. Such disclosure will not automatically prevent your reinstatement, but may be a factor to be considered by the membership.) I understand that the Lodge may perform a criminal background check to verify the information provided.

[Signature of Applicant]

[Date]

*Before Reinstatement, the Applicant shall pay the Reinstatement and Affiliation Fees fixed by the Lodge By-Laws, which may not be less than fifteen (\$15.00) dollars, and the proportionate share of the current dues. {See Section 14.180, Laws of the Order, and current Lodge By-Laws}

[PROPOSER REFERENCES]

*Provide 2 references other than the Proposer.
Both must be Members of the Order.*

Name _____ Membership No. _____

Lodge Name & No. _____

Home Address _____

Business Address _____

Telephone _____

E-mail _____

Name _____ Membership No. _____

Lodge Name & No. _____

Home Address _____

Business Address _____

Telephone _____

E-mail _____

*List all places of residence and your occupation for the
5 years preceding the date of this application if different
from the address and/or occupation given on reverse side.*

Place of Residence: _____

Date (Established/Changed): _____

Occupation: _____

Telephone: _____

Place of Residence: _____

Date (Established/Changed): _____

Occupation: _____

Telephone: _____

APPLICATION PROCESSING RECORD

Committee on Membership Recommendation

The undersigned Committee on Membership reviewed the
application of _____ for membership
in the BPO Elks USA (Date) _____ and found:

Favorably ☐ Unfavorably ☐

Signatures of Committee Members:

To be completed by the Lodge Secretary

Result of Ballot by the Lodge:

Accepted ☐ Rejected ☐

Action	Date
Application Received	
Initiation Fee Paid (\$)	
Read on the Lodge Floor	
Balloting on Candidate by Lodge	
Applicant Notified of Result of Balloting	
Orientation	
Prorated Dues Paid (\$)	
Initiated	
Membership Number Assigned	
Member Information Entered in CLMS	

Application for Reinstatement



**Benevolent and Protective
ORDER OF ELKS**
of the United States of America



Elks Care — Elks Share