

**Give  
Blood**



**Save  
A Life**

## **NEW MEMBER FORM**

Donation by New Member

Donation by Substitute Donor

New Member Number: \_\_\_\_\_ (Will be assigned by Masonic Blood and Organ Donor Club)

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

Lodge/Group Name: \_\_\_\_\_ Lodge/ Group No. \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_ (Sr./ Jr.)

Date of Birth: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Apt. Name: \_\_\_\_\_ Apt.:# \_\_\_\_\_

P.O. Box #: \_\_\_\_\_ R.D. #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation Date: \_\_\_\_\_ Donation Place: \_\_\_\_\_

Substitute Donor Name: \_\_\_\_\_

(SUBSTITUTE DONOR DOES NOT NEED TO BE MASONIC AFFILIATED)

**Mail completed form to:**

**Masonic Blood and Organ Donor Club  
C/O Masonic Temple  
One North Broad Street  
Philadelphia, PA 19107**