



BLOOD + ORGAN DONOR PROGRAM

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 Gary Davis, PDDGM, Secretary
224 Red Haven Drive
North Wales, PA 19454-1439**