

# Woman's Life®

A Trusted Fraternal Life Brand

## Application for Social Membership

Woman's Life® Chapter \_\_\_\_\_ (Number), \_\_\_\_\_ (State) does hereby recommend and accept this applicant as a member of said Chapter.

Recommending Chapter Members:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

If joining as a charter member of a new chapter:

Home Office Authorization by: \_\_\_\_\_

Date: \_\_\_\_\_

**Yes! Please contact me about:**

Protecting my family and assets with life insurance

Including an annuity in my retirement savings plan

Woman's Life® is a Trusted Fraternal Life™ brand. Life insurance and annuities issued by Trusted Fraternal Life. Not available in all states.

I apply for social membership in Trusted Fraternal Life as an active member of a Woman's Life chapter. I will comply with the Articles of Incorporation and Laws of the Society, as amended. I will advance the welfare and progress of the Society and its principles of connection, community, and cause.

### Information about the Applicant

Please print

Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

### WAIVER AND RELEASE OF LIABILITY

In consideration of my participation as a social member of Woman's Life, a Trusted Fraternal Life brand, I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Trusted Fraternal Life, their agents, representatives, subordinate chapters, successors or assignees, of any Trusted Fraternal Life event that I may attend for any and all injuries suffered by me at that event, or which may arise out of my traveling to, participating in, and returning from any Trusted Fraternal Life event. I further state that I am in proper physical and mental condition to attend any Trusted Fraternal Life event.

I release the rights to any and all photographic and video materials that Trusted Fraternal Life or my Woman's Life chapter may publish from any event without obligation to me.

Signature of member (or parent if under age 18)

Date

\_\_\_\_\_

**Please note: Chapter officers and members may not accept dues payments and should not have access to a member's payment information. Thank you for paying your \$20 annual social membership dues by check or money order payable to Woman's Life. Please mail the completed application and payment to Woman's Life, PO Box 5020, Port Huron, MI 48061-5020. Dues are not deductible as a charitable contribution.**