	<u>APPLICATIOI</u>	N FOR DEGREE	<mark>OF PAST STATE PH</mark>	<u>RESIDENT</u>	
DATE:		OF ELKS OF	THE WORLD		
APPLICANT:					
	(LAST NAME)		(FIRST NA	ME)	(M. I.)
ADDRESS:	(STREET)		(CITY)	(STATE)	(ZIP)
PHONE:	E-MAIL:				
	(NAME OF LODGE/TEMPLE)		(NO.)
ADDRESS:					
	(STREET)		(CITY)	(STATE)	(ZIP)
					,
MEMBERSH	IP: DATE INITIATED):	PA STATE ASSOC	ATION MEMBER?	Y / N
ARE YOU AN	OFFICER IN THE PA	A STATE ASSOCIAT	PA STATE ASSOCI ION? Y / N POSITIO RECEIVE HONORS	N HELD	
ARE YOU AN CO-ED DEPT (NOTE: AN A TEMPLE, PA THIS APPLIC	OFFICER IN THE PA THROUGH WHICH APPLICATION FEE O ST EXALTED/DAUG ATION IN ORDER T	A STATE ASSOCIAT I APPLICANT WILL OF \$150.00 AND LE GHTER RULERS CO TO BE CONSIDERE	ION? Y / N POSITIO RECEIVE HONORS TTERS OF ENDORSE UNCIL AND DEPART D.) ABLE TO: "PA STATE TO: PIPKINS AL SECRETARY	N HELD MENT FROM YOUR MENT MUST ACC	R LODGE/