

**YOUNG MEN'S
INSTITUTE**



A FRATERNAL ORDER OF CATHOLIC MEN

APPLICATION FOR MEMBERSHIP

Date Initiated: _____ Roll #: _____

To the officers and members of _____ Council # _____

I am impressed with the three-fold purposes of the Young Men's Institute: FAITH, PATRIOTISM AND FRATERNITY. I am a practicing Catholic and hereby present this application for membership.

PLEASE PRINT

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. NUMBER _____ E-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ARE YOU MARRIED? _____ IF YES, WIFE'S NAME: _____

HAVE YOU EVER BEEN A MEMBER OF THE
YOUNG MEN'S INSTITUTE? _____

IF YES, WHAT WAS THE COUNCIL NAME: _____

(PLEASE CONTINUE ON THE REVERSE SIDE)

I AM ELIGIBLE FOR THE FOLLOWING BENEFITS: (Check where appropriate)

___ *Benefit Member*: I am under 45 years of age. I am entitled to the current death benefit of \$ 2,500. I designate my beneficiary:

Name _____

Address _____

Relationship _____

Upon my death, my children will be entitled to the following YMI Educational Foundation Benefits:

Kindergarten thru 8th Grade up to \$1500 per year per child

High School: 9th-12th Grade up to \$2000 per year per child

College: \$10,000 max (approx. \$83 per unit per child)

I currently have ___ children. Their names and ages are:

___ *Associate Member*: I am 45 years of age or over.

Upon my death, my children will be entitled to the YMI Educational Foundation benefits listed above.

I currently have ___ children. Their names and ages are:

___ *Junior YMI*: I am between the ages of 13 to 23 years and either attend school full time or am currently active in military service.

School Name: _____ Military Branch _____

___ *Honorary Member*: I am a member of the Catholic clergy (i.e. priest, seminarian, deacon, or brother)

Upon admission to membership in the Young Men's Institute, I promise to remain a practicing Catholic, to be loyal to my Country, to extend the hand of brotherly love to my fellow members and to observe the laws of the Young Men's Institute.

Applicant's Signature: _____

Sponsor's Name (*Please Print*): _____

Name of President or Chaplain (*Please Print*): _____

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