

VASA ORDER OF AMERICA

A SWEDISH AMERICAN FRATERNAL ORGANIZATION

Application for Financial Assistance from OLD AGE AND BENEFIT FUND

(Do not write in this space) Petition No. LOCAL Lodge No. Check No.

To be completed by the Local Lodge:

Name of Lodge		District #
Applicant's Name		
Applicant's Address		
Applicant's ageDate of Initiation	on	Membership Number
Is applicant in good standing in Lodge?		
Amount this Applicant has previously re-	ceived from the O.A.B. Fund: \$	
To be completed by the Applicant: (If applicant is unable to write: a family	member or local lodge secretary m	nay assist in completing the form.)
these expenses? If you have Medicare, by any insurance.	do you have a supplemental plan?)	dental, does your health insurance cover Describe, in detail, expenses NOT covered
	Signature	of applicant
To be completed by the Local Lodge:		
This is to certify that the foregoing petit	ion to the Old Age and Benefit Fund	d of the Grand Lodge has been carefully
investigated by us and we warrant that t	the statements contained herein ar	e true and recommend financial assistance in
the amount of \$	(see Matrix for eligible an	nount.)
Dated 20 at .	(City and State)	(affix LOCAL LODGE SEAL here)
Signed		
Signature of Chairman	Signature of Secretary	(print Secretary's name)

(Mailing Address of Secretary)	(Email Address or	Telephone number of Secretary)		
Mail completed application to the Grand Secretary: Marlene Patient, 337 River Street, Leicester, MA 01524				
(Do not write below this line)				
The within petition is approved and payment of \$ is l	nereby authorized	Date20		

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