

**APPLICATION FOR MEMBERSHIP**  
**YOUNG LADIES' INSTITUTE**  
*(A Catholic Women's Organization)*



\_\_\_\_\_ 20 \_\_\_\_\_

Institute No. \_\_\_\_\_

I, \_\_\_\_\_, desire to become a member of your Institute. I love and support the Church and desire to participate in activities of the Order

I am a member of \_\_\_\_\_ (Name of Parish)

BENEFICIAL MEMBERSHIP thereby entitling me to the Death Benefit, subject to approval of Grand Institute Medical Committee. I am over fourteen (14) and under fifty-six (56) years of age.

I apply for:(check one)

ASSOCIATE MEMBERSHIP entitling me only to Associate privileges. I am over fourteen (14) years of age.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Status:                      Single                      Married                      Widowed                      Religious                      (Circle One)

If married, state by whom \_\_\_\_\_

Maiden Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Are you familiar with the objectives of the YLI? \_\_\_\_\_

Have you ever been a member of the YLI? \_\_\_\_\_ If so, of which Institute were you a member? \_\_\_\_\_

Why did you discontinue your membership? \_\_\_\_\_

In what manner did you sever your Membership? \_\_\_\_\_

To what other organizations do you belong? \_\_\_\_\_

When admitted to YLI, will you assist your Sisters in work that is honorable and charitable, obey our laws and hold in trust whatever may concern YLI? \_\_\_\_\_

\_\_\_\_\_  
Signature of Priest

\_\_\_\_\_  
Signature of Applicant

Proposed by: \_\_\_\_\_

We, your Committee on Applications, report favorably/unfavorably on the above applicant. (Circle One)

We find the attached Medical Card complete

Secretary \_\_\_\_\_

Chairman \_\_\_\_\_ Institute No. \_\_\_\_\_

Committee on Applications