



Midwest Conference on Masonic Education

Membership Application Form

First Name: _____ **Last Name:** _____

Jurisdiction: _____

Lodge Name & Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Website: _____

Membership Type (circle one):

Individual: \$50 Organization: \$150 Jurisdiction: \$350

Mail completed form and check or money order to:

Midwest Conference on Masonic Education

4805 NW 56th Place

Kansas City MO 64151