



## LIFE MEMBER CARD REPLACEMENT REQUEST



Mail this FORM to: **Supreme Quartermaster, 604 Braddock Ave, Turtle Creek, PA 15145**

I have enclosed the current Life Card of:

Name \_\_\_\_\_ Life Card No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PT Name \_\_\_\_\_ PT# \_\_\_\_\_

Grand of \_\_\_\_\_

Date: \_\_\_\_\_ (\*)Signed \_\_\_\_\_ CCDB

**A new Life Card shall be issued showing the above information. Replacement cost is \$6.00 per card. The card shall be mailed to the member whose name is listed above unless otherwise noted to be mailed to another party. IF REPLACEMENT, card must accompany request.**



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