



MEMBERSHIP APPLICATION

I, _____, the undersigned, do hereby apply for
Membership in SNPJ Lodge _____ * of the Slovene National Benefit Society. I understand
that once accepted as a member, I qualify for all rights and privileges that are granted to me by
the Constitution, Bylaws, and Resolutions of the SNPJ.

THE SLOVENE NATIONAL BENEFIT SOCIETY IS LICENSED TO DO BUSINESS IN THE STATE OF ILLINOIS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN THE ILLINOIS LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

Applicant

Date

Agent

*If you do not designate a particular Lodge for membership, then one will be assigned to you based on your location.