



The Masonic Benefit Fund

Virginia Masonic Districts 1A, 1B, 2, 3, 4, 5, 6, 7, 8, 9, and 10.

The Masonic Benefit Fund is a 501(c)(8) IRS registered non-profit origination which was established in 1925. It is intended to provide a fund to defray funeral expenses and give widows and orphans immediate needed monetary relief. It is comparable to a "sunshine" or "goodwill" fund, that is, it is funded by members to give relief to the families of deceased members of the Fund at a time when the need is great.

The Masonic Benefit Fund is available to any Master Mason in good standing who is a member of any Lodge recognized by the Grand Lodge of A.F. & A.M. of Virginia and resides in any of the listed Virginia Masonic Districts. You need not be a member of a Lodge in these Districts, only live within one.

When a member of the Fund passes, the Fund will make available to his beneficiary, an amount equal to the number of the Fund members multiplied by \$2.50. *For example:* if the number of Fund members should be exactly 1,000 multiply by \$2.50 equals \$2,500.00. This would be the amount his beneficiary would receive..

To join the Fund, fill out the application and submit it to the Secretary-Treasurer with an initiation fee of \$10.00. After joining you will be assessed \$3.00 for each member that passes. The Secretary of the Benefit Fund will then bill you for the assessments when ten (10) brothers have passed, or annually.

This is not an insurance policy of any type. It is a pre-collected fund to be made available to a member's family at a time of great need.

For more information: see the Bylaws and FAQ sections on the website or contact the Secretary-Treasurer of The Masonic Benefit Fund, at:

The Masonic Benefit Fund
PO Box 4034 Fairfax, Virginia. 220385-4034
<http://MasonicBenefitFund.org>
Secretary@MasonicBenefitFund.org
571-384-TMBF (8623)

The Masonic Benefit Fund Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Lodge Name: _____ No.: _____ District: _____

Date of Birth (mm/dd/yy): ____ / ____ / ____ Date Raised: ____ / ____ / ____

Beneficiary Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Note: You may wish to make a copy of this application for your records. If your beneficiary changes, be sure to notify the Secretary-Treasurer.

Fee of \$10.00 payable to The Masonic Benefit Fund accompanies this application and mail to:

**The Masonic Benefit Fund
PO Box 4034
Fairfax, Virginia. 22038-4034**

I understand there is a periodic assessment necessary to maintain the Masonic Benefit Fund and that prompt remittance of such assessment is required as a condition of my continued membership.

Signature: _____ Today's Date: ____ / ____ / ____