



Cabiri International

PAST POTENTATES ASSOCIATION

APPLICATION BLANK
(Please Print)
You can read your own handwriting –
Can Others? You can now pay by
Debit . Credit Card

Full Name _____
Last _____ First _____ Middle _____ Lady (First Name) _____

_____ Name of Temple _____ Temple Number _____

_____ City (Temple) _____ State / Province (Temple) _____

_____ Country (Temple) _____ Zip / Postal Code (Temple) _____

Year as Potentate _____ Your Birth Date _____
Month _____ Day _____ Year _____

Home Mailing Address:

_____ House Number _____ Street _____

_____ City _____ State / Province _____ Country _____ Zip / Postal Code _____

_____ Home Phone _____ Cell Phone _____

_____ email _____



_____ Signature _____

Date _____
Month _____ Day _____ Year _____

Membership fee is only \$200.00, and to all Past Potentates are invited to join. Simply, doenlaod the application, complete the form and mail/email with a check in the amount of \$ 200.00 (USD) or, pay by Debit/Credit Card by clicking the Debit / Credit Card button located online at

<https://www.cabiriinternational.org/membership.html> and mail the completed Membership Form to:

R. Keel Broom, Cabiri International, P.O. Box 8339, Warner Robins, GA 31095-8339 USA

Or email to: secretary@cabiriinternational.org