



# 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 \$250.00, 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 \$ 250.00 (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](mailto:secretary@cabiriinternational.org)