



IOOF Years of Service Credential Intake Form

Facility: _____ Date: _____

Resident Information:

Applicant Name: _____ Applicant DOB: _____

Applicant Address: _____

Lodge Information:

Name of Current Lodge: _____

Total number of years in good standing as an Odd Fellow and/or Rebekah in a California lodge: _____

Name of the secretary and/or the financial secretary at that lodge: _____

Contact information for the secretary and/or the financial secretary: _____
