

# Grand Lodge and Rebekah Assembly Application for Member Benefits

## General Guidelines for Applicants

Benefits may be awarded in whole or in part, or may be denied, in the discretion of the member Benefit Committee. We prefer to provide payment directly to the vendor who is requesting a payment from you. Reimbursements for bills already paid will be made payable to you. Please provide documentation with your application. Payments and or reimbursements will not be made without this documentation. Proper documentation provided with the application will speed up the process. Please allow 2 to 4 weeks for processing.

The intent of the Odd Fellows Rebekah Benefit Committee is to help its members in good standing with temporary financial relief. This generally does not include rent, rental deposits, house payments and other recurring housing needs (exceptions may apply). The fund is designed to help those in temporary financial crisis, but not limited to:

- Health related expenses
- Utilities
- Food
- Transportation
- Repairs which prevent a safety hazard

It is our sincere intent to help our dear members who are in temporary need. Please attach a letter if you wish, that will help us understand your situation and needs, it will be held in strict confidence.

Your future monetary donation, to the Odd Fellows and Rebekah Assembly, will assist our community in the time of need. Thank you.

Sincerely,

Leah Rosenberg, Member Benefits Committee Chair

# Grand Lodge and Rebekah Assembly Application for Member Benefits

If you have been an Odd Fellow or Rebekah in this Jurisdiction for 3 years and you and your lodge are in good standing, you may apply for up to \$1,500 for assistance to cover personal needs (such as food, medications, eye-glasses, assisted hearing devices and the like).

Once a benefit is approved, additional applications from that household cannot be considered for 12 months from approval date - with a lifetime limit of 3 applications total.

**Your application will be held in confidence by the Member Benefits Committee.**

**Please include copies of bills and receipts. We prefer to pay providers directly when possible.**

Mail your application to:

Grand Lodge of California  
Attn: Member Benefits Committee  
122 Race Street  
San Jose CA 95126

***Please print legible***

Full Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Lodge Name & Number: \_\_\_\_\_ OF: \_\_\_\_\_ or R: \_\_\_\_\_

Date Joined: \_\_\_\_\_ Dues Paid To Date: \_\_\_\_\_

How much money are you requesting in this application? \$ \_\_\_\_\_ (\$1,500 maximum)

Explain what this money will be used for if your application is approved: (Attach letter, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check to be made payable to:

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you attest that you are requesting this money from the Member Benefit Fund because you cannot otherwise afford to obtain this item(s)? YES \_\_\_\_\_ or NO \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_