



LIFE MEMBER CARD REPLACEMENT REQUEST



Mail this FORM to: **Supreme Quartermaster, 604 Braddock Ave, Turtle Creek, PA 15145**

I have enclosed the current Life Card of:

Name Life Card No.

Address

City State Zip

PT Name PT#

Grand of E-mail Address

Date (*)Signed CCDB

A new Life Card shall be issued showing the above information. Replacement cost is \$6.00 per card. The card shall be mailed to the member whose name is listed above unless otherwise noted to be mailed to another party. IF REPLACEMENT, card must accompany request.



LIFE MEMBER CARD REPLACEMENT REQUEST



Mail this FORM to: **Supreme Quartermaster, 604 Braddock Ave, Turtle Creek, PA 15145**

I have enclosed the current Life Card of:

Name Life Card No.

Address

City State Zip

PT Name PT#

Grand of E-mail Address

Date (*)Signed CCDB

A new Life Card shall be issued showing the above information. Replacement cost is \$6.00 per card. The card shall be mailed to the member whose name is listed above unless otherwise noted to be mailed to another party. IF REPLACEMENT, card must accompany request.