

BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYES

AFFILIATED WITH THE AMERICAN FEDERATION OF LABOR AND TRADES AND LABOR CONGRESS OF CANADA

GRAND LODGE HEADQUARTERS: 61 PUTNAM AVE., DETROIT, MICH.

Date Paid 11-18 1949
Month Day Year

THIS IS TO CERTIFY that the bearer, Brother

S

8339

Amount Paid

Initiation
Fee \$

Grand Lodge
Dues

System Dues \$

Subordinate
Lodge Dues \$

TOTAL

\$1000

Mem. No.

D 486

Employed as

DB
Occupation

on Frisco R. R., a member of Lodge No. 2600
has paid dues on the date and in the amount shown hereon.

to

1
Month

1
Day

1951
Year

and is entitled to all benefits and privileges of the Brotherhood,
as provided in the Constitution and By-Laws, unless revoked.

H. W. F. Meeth
Authorized Representative

A. Shamak
Grand Lodge Secretary-Treasurer

THIS RECEIPT IS NOT TRANSFERABLE
AND IS VOID IF ALTERED IN ANY WAY

80

BENEFICIARY FORM

Date

Nov 21

1949

Pursuant to the Constitution and By-Laws of the Brotherhood of Maintenance of Way Employes, revised and amended at a regular meeting of Grand Lodge, held July 15-20, 1946 (to all of the provisions of which, together with all subsequent amendments thereto, I agree) I hereby designate as my beneficiary.

Mrs Ruby Gibbard
(Here write full name of beneficiary)

R#1

(Street and Number or R. F. D.)

Williamsville, Mo.

(City)

(State or Prov.)

Daughter

(Beneficiary's relationship, if any

and

Age)

34

Member's

Signature

J. D. Dollars

To be valid, the Brotherhood laws provide that *this form must be filled out and signed by the member.* If unable to write, he should authorize someone to fill in the beneficiary's name. The member must then sign his name, or make his mark in the presence of the person he instructed to fill in the beneficiary's name, and one other witness.

Witnesses
sign here

I filled out this form in accordance with member's instructions and witnessed his signature thereto.

I witnessed member's signature on this form.

IMPORTANT NOTICE: If you have not yet designated a beneficiary, lost the record of such designation, or desire to change your beneficiary, you should fill out this form and carefully preserve this and all other Dues Receipts for your protection, and for a record of your beneficiary designation. At your death, these receipts are to be sent promptly, with complete information to support claim, by Registered Mail, to A. Shoemake, Supt., Death Benefit Dept., 61 Putnam Ave., Detroit, Mich.