



CANDIDATE BACKGROUND WAIVER

Name:				
	First	Middle		Last
Current Address	j:			
		Street		Apt/Suite
		City	State	Zip Code
D ((D) ()		•		Zip Code
Date of Birth:	Month	_ / Dav	/Year	
Social Security N				
I hereby authori	ze		Lodge No.	to which I
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Dual Membership or for Affiliation, to contact any company or				
ndividual they deem appropriate to investigate my background,				
criminal or civil court history, character and qualifications and I give my				
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	Signa	ature		Date
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Form 19W Rev. 2010