

GROUP RECOGNITION LICENSE PLATE

PLATE ISSUANCE YEAR

2010

AUTHORIZATION TO OBTAIN PLATE

BRANCH NAME WHERE
PLATE SHOULD BE SENT



COUNTY OF RESIDENCE: _____

INDIVIDUAL OR BUSINESS NAME VEHICLE IS REGISTERED: _____

Daytime Telephone: (____) _____

AUTHORIZED SPECIAL GROUP NAME: INDIANA SHRINE ASSOCIATION

APPLICANT SIGNATURE: _____

PLEASE READ THE FOLLOWING:

1. You must submit an original validated application for each plate. **NO PHOTOCOPIES ACCEPTED.**
2. Vehicles may be registered or leased in the name of one or more owners, but one of the owners or leasers must be a member of the special authorized group.
3. Special number requests cannot be accommodated.
4. Fees: \$15.00 (per year, per plate) for special recognition plates payable to the Bureau of Motor Vehicles at the time of registration in addition to the other annual registration fees. There will be a cost of \$10.00 (per year, per plate) to Murat Shrine for the validated license plate application form.
5. Documentation of eligibility is subject to verification and review by the Bureau. The authorized organization representative must sign the following statement.

PLEASE CHECK ONE OF THE FOLLOWING:

1 Form \$10.00 _____ 2 Forms \$20.00 _____ 3 Forms \$30.00 _____ 4 Forms \$40.00 _____ Other \$ _____
Make check payable to the Murat Shriners

*******DO NOT WRITE BELOW THIS LINE*******

I verify that the applicant listed above is authorized to receive the group recognition license plate indicated and has paid all fees as required by our organization.

Signed: _____ Shrine: _____

Date: _____

GROUP USE ONLY

VALID ONLY IF SIGNED IN ORIGINAL INK