

PETITION FOR DEGREES OF CRYPTIC MASONRY



Little Rock Arkansas Date _____

To the Officers and Members of _____ Council No. _____
Royal and Select Masters. I the undersigned:

(Print or type Full Name)

I was born _____, in _____
(Month) (Date) (Year) (City or Town) (State)

I am a member in good standing of _____ Lodge No. _____
F. & A. M. located at _____ under the jurisdiction of the Grand
Lodge of _____. I am a member in regular standing of
_____ Chapter No. _____ R.A.M. located at _____

, or , that I have petitioned and will be affiliated with _____
Chapter No. _____, located at _____, Arkansas.

I have never petitioned any other Council or I petitioned
_____ Council No. _____ R. & S. M. located at
_____ on or about _____

(City or Town) (State)

and was _____. (Elected, rejected or received the degrees)

I pray that your Honorable Body confer on the degrees of ROYAL MASTER,
SELECT MASTER AND SUPER EXCELLENT MASTER, promising, if this
petition be granted, to conform to all the usages and customs of your Ancient
Order.

Fraternally submitted,

Affix signature

Print Name

(Occupation or business)

(Residence Address: Street, City, Town, Zip)

(Phone)

(E-Mail)

Recommended By:

Print Name and Affix Signature

(Signature)

Print Name and Affix Signature

(Signature)

Referred to Companions

Date Read: _____ Date Elected: _____ Date Notified: _____

Date Conferred: _____