

A Petition

COMBINATION – ALL PURPOSE FORM
To the Chapter, Council and Commandery comprising the

York Rite

DO NOT WRITE IN SPACES BELOW

| | | | | | | |
|---|---|-------|---------------------------------------|----------------|---------------|-----|
| FULL NAME (PRINT) | LAST | FIRST | MIDDLE | PLACE OF BIRTH | DATE OF BIRTH | AGE |
| RESIDENCE ADDRESS | CITY | ZIP | <input type="checkbox"/> TO HOME ADD. | NO. OF YRS. | PHONE NO. | |
| OCCUPATION | FIRM | | ADDRESS ALL MAIL AS INDICATED BY "X" | | | |
| BUSINESS ADDRESS | CITY | ZIP | <input type="checkbox"/> TO BUS. ADD. | NO. OF YRS. | PHONE NO. | |
| HAVE YOU EVER BEEN REJECTED BY ANY YORK RITE BODY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF ANSWERED "YES" NAME THE BODY & DATE (USE OTHER SIDE FOR DETAILS) | | | | | | |
| I AM PRESENTLY A MEMBER IN GOOD STANDING OF: | | | | | | |
| | LODGE NO. | AT | | STATE | | |
| I am, presently, a member in good standing of (or have petitioned as indicated) | <input type="checkbox"/> I HAVE A PENDING PETITION WITH | | | | | |
| | CHAPTER NO. | AT | | STATE | | |
| | <input type="checkbox"/> I HAVE A PENDING PETITION WITH | | | | | |
| | COUNCIL NO. | AT | | STATE | | |
| <input type="checkbox"/> I HAVE A PENDING PETITION WITH | | | | | | |
| COMMANDERY NO. | AT | | STATE | | | |

Petition IS HEREBY MADE ON THIS _____ DAY OF _____ 19____ TO THE OFFICERS & MEMBERS OF THE BODY (OR BODIES) NAMED BELOW

TO **CHAPTER NO.** _____ R.A.M. AT _____ WHOSE ANNUAL DUES ARE \$ _____

FOR DEGREES AND MEMBERSHIP WITH A FEE OF \$ _____ OF WHICH \$ _____ IS ATTACHED* FOR AFFILIATION (SEE NOTE AT RIGHT) FOR REINSTATEMENT DUES IN AMOUNT OF \$ _____ ATTACHED OR PAID \$ _____

RECOMMENDED BY: _____ & COMPANION _____

TO **COUNCIL NO.** _____ C.M. AT _____ WHOSE ANNUAL DUES ARE \$ _____

FOR DEGREES AND MEMBERSHIP WITH A FEE OF \$ _____ OF WHICH \$ _____ IS ATTACHED* FOR AFFILIATION (SEE NOTE AT RIGHT) FOR REINSTATEMENT DUES IN AMOUNT OF \$ _____ ATTACHED OR PAID \$ _____

RECOMMENDED BY: _____ & COMPANION _____

TO **COMMANDERY NO.** _____ K.T. AT _____ WHOSE ANNUAL DUES ARE \$ _____

FOR ORDERS AND MEMBERSHIP WITH A FEE OF \$ _____ OF WHICH \$ _____ IS ATTACHED* FOR AFFILIATION (SEE NOTE AT RIGHT) FOR REINSTATEMENT DUES IN AMOUNT OF \$ _____ ATTACHED OR PAID \$ _____

RECOMMENDED BY: _____ & S.K. _____

THE UNDERSIGNED represents that all of the above statements relating to his current membership status in the body (or bodies) named are true and correct. That he is desirous of receiving (or, if this petition is for Affiliation or Reinstatement only, he has received) the Degrees and Orders as conferred in the specifically named body (or bodies) listed above. Further, that if he becomes a member of that body (or bodies) to which this petition is directed, he will cheerfully conform to all the laws, ancient customs and usages of each such body.

THE UNDERSIGNED further confirms, that insofar as his petition relates to his becoming a member of the named Commandery of Knights Templar, he is a firm believer in the CHRISTIAN RELIGION.

(SIGNATURE IN FULL) X

BODY NO.
 FOR DEGREES OR ORDERS FOR AFFILIATION FOR REINSTATEMENT

DATE RECEIVED \$ _____
\$ _____
\$ _____
\$ _____

TOTAL \$ _____

Referred to COMMITTEE OF INVESTIGATION which, having discharged the duty assigned it, respectfully reports

favorably on the within petition _____ 19____

SIGNED _____

SIGNED _____

SIGNED _____

| | | |
|-----------|---------|----------|
| DATE READ | ELECTED | REJECTED |
|-----------|---------|----------|

RECORD OF WORK

| | | |
|----------------------------------|---------|------------|
| PETITIONER NOTIFIED _____ 19____ | | |
| CHAPTER | COUNCIL | COMMANDERY |
| MARK | R.M. | O.R.C. |
| P.M. | S.M. | O.M. |
| M.E.M. | S.E.M. | O.T. |
| R.A. | | |

PETITIONER – PLEASE NOTE

If any part of the within petition is for AFFILIATION, attach Dimit (or Certificate of Good Standing) and supply such of the following information as applicable:

I RECEIVED THE CHAPTER

DEGREE OF ROYAL ARCH MASON ON _____

IN CHAPTER NO. _____ STATE OF _____

I RECEIVED THE COUNCIL

DEGREE OF SELECT MASTER ON _____ 19____

IN COUNCIL NO. _____ STATE OF _____

I RECEIVED THE COMMANDERY

ORDER OF THE TEMPLE ON _____ 19____

IN COMMANDERY NO. _____ STATE OF _____

Email Address:

*1/3 of total fee for each body must accompany this Petition.

*Plus \$1.00 Eye Foundation Assessment.