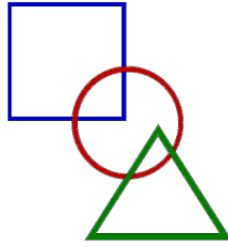


PETITION FOR THE SUPER EXCELLENT MASTER'S DEGREE



Name: _____

Address: _____

City: _____, St: _____ Zip: _____

Phone: (____) _____ Other Phone: (____) _____

I certify on my honor that I am a member in good standing of
_____ Council # _____ under the jurisdiction of the Grand
Council of Royal and Select Masters of Louisiana and request conferral of
the Super Excellent Master Degree.

Signature: _____

Recommended by: _____ and _____

Please make checks payable to: Grand Council of LA
Degree Fee of \$50.00 must accompany petition.

(Duplicate as necessary)