

TO THE OFFICERS
AND MEMBERS OF
Please Checkmark the
Bodies you want to
belong to.

Ocala York Rite Bodies of Freemasonry

	Previous Year Dues **	Current Year Dues	Total
<input type="checkbox"/> Ocala Chapter No. 13, Royal Arch Masons	\$ 24.00	\$ 24.00	\$ 48.00
<input type="checkbox"/> Ocala Council No. 22, Royal & Select Masters	\$ 24.00	\$ 24.00	\$ 48.00
<input type="checkbox"/> Ocala Commandery No. 19, Knights Templar	\$ 27.00	\$ 27.00	\$ 54.00
Knights Templar Eye Foundation (unless you have a KTEF Life Membership)	\$ 1.00	\$ 1.00	\$ 2.00
	\$ 76.00	\$ 76.00	\$152.00

Make Check Payable To: **Ocala York Rite Bodies** and Submit with this Petition in person or to the following address: Ocala York Rite Bodies PO Box 292 Lecanto, FL 34460-0292.

PETITION FOR REINSTATEMENT

1. Request

I, whose full name and signature are affixed below, do hereby affirm that I was formerly a member, hereby tender the sum stated above, and respectfully requests to be restored to membership.

Note: ** Previous Year Dues may be waived by vote of the Ocala York Rite Bodies or by dispensation or edict of the Grand York Rite Bodies.

2. Identification of Petitioner - Please provide all requested information. (Please Print)

First Name	Middle Name	Last Name	Date of Birth
Present Home Address	City	Zip Code	Home Phone
Present Mailing Address	City	Zip Code	Business Phone
Are you Married? YES <input type="checkbox"/> NO <input type="checkbox"/>	Wife's Name	Wife's Date of Birth	Date of Anniversary
E-Mail Address			

3. Present Masonic Membership

Blue Lodge Name & Number	Mailing Address	
Highest Office Held in Lodge (if any) & Year	Date Raised and What Lodge?	
Highest Office Held in Chapter / Year	Highest Office Held in Council / Year	
Highest Office Held in Commandery / Year		
When were you suspended?	Cause of Suspension	
Present Occupation	By whom Employed?	Business Address
Are you a Life Member of K.T.E.F.? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please give us your Membership Number	Date Exalted Royal Arch Mason
Date Greeted Royal & Select Master	Date Super Excellent Master	Date Knighted Knight Templar

4. Affirmation

I affirm that I have carefully read the above questions and have answered them truthfully. I promise that I will comply with all the laws, regulations, and ancient usages and customs of the Ocala York Rite Bodies and the Grand York Rite Bodies of the State of Florida.

Date

Signature of Petitioner (No Initials)

Committee Report

Acceptance Rejection

Signature _____ Date _____

Acceptance Rejection

Signature _____ Date _____

Acceptance Rejection

Signature _____ Date _____

Fees Paid \$ _____

Previous Year Dues (Check one)

Approved Waived Dispensation Not Approved

Ballot Date: _____
Elected Rejected

Date _____ Signature of Secretary / Recorder

York Rite The Continuation of Blue

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**Ocala York Rite Bodies
of Freemasonry**

P.O. Box 292 Lecanto, FL 34460
E-Mail: oyrb@tampabay.ri.com

Website: www.mastermason.com/ocalayorkritebodies

**PETITION
for
REINSTATEMENT**

