

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* <input type="checkbox"/> (SEE NOTE AT RIGHT)	FOR AFFILIATION <input type="checkbox"/> FOR REINSTATEMENT <input type="checkbox"/> 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* <input type="checkbox"/> (SEE NOTE AT RIGHT)	FOR AFFILIATION <input type="checkbox"/> FOR REINSTATEMENT <input type="checkbox"/> 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* <input type="checkbox"/> (SEE NOTE AT RIGHT)	FOR AFFILIATION <input type="checkbox"/> FOR REINSTATEMENT <input type="checkbox"/> 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.

X

(SIGNATURE IN FULL)

BODY	NO.
<input type="checkbox"/> FOR DEGREES OR ORDERS	<input type="checkbox"/> FOR AFFILIATION
<input type="checkbox"/> 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
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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 _____

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

*Plus \$1.00 Eye Foundation Assessment.