

Record of Membership

NAME _____

BIRTH DATE _____

PETITION: Degrees () Affiliation () Restoration ()

Recommended by: _____

Investigated by: _____

Elected date: _____ Initiated date: _____

If Affiliated: Affiliated date (by-laws signed) _____

Chapter issuing demit () or transfer ():

Name, Number and Location _____

Masonic Affiliation: _____

or

Member of _____ Lodge F&AM No. _____

Location _____

SECRETARY'S SPECIAL RECORD

Account closed for the following reason:

Suspended date: _____ Due \$ _____

Withdrawal Certificate issued date: _____

Demit Granted date: _____

Transfer Granted date: _____

Transferred to _____ Chapter No. _____

Located in _____

Address: _____

Died (date): _____

REMARKS: