APPLICATION FOR MEMBERSHIP IN

Lodge Name		Lodge No			
	(Please print or type. Attach extra she	eet, if needed, to	fully answer questions.)		
1.	Name in full	Middle			
_	First		Last		
2.	Residence Address	City	State	Zip	
3.	(a) Social Security No		State	Zip	
	(b) Telephone No. (Home)	(Wo	·k)		
4.	(a) Where born? City/County		(b) Date of Birth/	/	
	City/County (c) Wife's maiden name			y Year	
5.	The Subscriber, a Master Mason, and now a m				
٥.	I odge No. located at	ienibei oi			
	Lodge No, located at, hereby ma	akes application	on for membership in your Lo	dge (If a	
	member of more than one Lodge, enter inform	ation below)	on for membership in your 20	age. (II a	
	memoer of more man one Louge, enter inform	ation octow.			
			•		
			<u>.</u>		
6.	I was raised in		Lodge No.		
	located at	, s	State		
7.	Dates of my degrees: EA Degree / Month Day		FC Degree / /		
	·		-	Year	
	MM Degree / Month Day	/ Year	•		
8	I am demitted from				
٥.	located at				
	Todatou ut	•			
9.	Have you ever been rejected for membership?		If so, give Lodge and date		
	,				
10.	What is your occupation?				
α.			Distri		
Sig	nature	-	Date		

ACKNOWLEDGEMENT OF ELECTION to Dual Membership



Date
To the Master, Wardens and Brethren of
Lodge No
of
Having applied to
Lodge No located at
, for affiliation, and upon notice
of my acceptance therein, I fully understand that retain my membership in
Lodge No until such time as I request in
writing a demit from that Lodge through the Grand
Lodge of Virginia.
Fraternally yours,
Name
(Please print)
•
(Signature of applicant)

Secretary: Upon election, fill out, detach this certification and mail to:
Grand Secretary Grand Lodge of Virginia 4115 Nine Mile Road Richmond, Virginia 23223-4926
I certify that Brother
(Full name)
was elected to dual membership in
our Lodge on
(Duic)
(Seal) Secretary
LodgeNo

REV. 06-99

RETURN THIS PORTION FOR

DUAL/PLURAL MEMBERSHIP.

RECOMMENDERS (VOUCHERS)

Please fill in below.

We hereby certify that we are well acquainted with the applicant, that we have read the answers to the questions contained in the application and believe them to be true and each of us believes the applicant to be morally qualified, of good character, and under the tongue of good repute. We cheerfully recommend him for membership in this Lodge.

NAME (please print)	(signature)	
Present address NUMBER STREET	Cmv	STATE ZIP
NUMBER STREET	CITY	STATE ZIP
Telephone No. (Home)	(Work)	
NAME OF LODGE	NUMBER	LOCATION
NAME (please print)	(signature)	
Present address NUMBER STREET	CITY	STATE ZIP
NUMBER STREET	CITT	SIAIL ZII
Telephone No. (Home)	(Work)	_
NAME OF LODGE	NUMBER	LOCATION

NOTE—This application must be filed and preserved in the archives of the Lodge for reference.

ONE PERFORATED FORM <u>MUST</u> BE RETURNED TO:

GRAND SECRETARY GRAND LODGE OF VIRGINIA 4115 NINE MILE ROAD RICHMOND, VIRGINIA 23223-4926

DATE	S OF LOI	OGE AC	TIONS
eceived			,
	Month	Day	Year
lected	,		1
	Month	Day	Year
ejected	1		1
	Month	Day	Year