

MEMBERSHIP FOLLOW-UP FORM

Revised 1-20-2017

Adding Member by: Initiation ___ Affiliation ___ Primary Chapter ___ Restoration ___ Date ___
Deleting Member by: Death ___ Suspension ___ Demit ___ Expulsion ___
Change of: Name ___ Address ___ Telephone No. ___ Area code only ___ Other ___

Chapter _____ No. _____ District _____

Mr. ___ Mrs. ___ Miss ___ Ms. ___

Must have ALL names. Do Not use Initial for Middle or Maiden Name

Name: First _____ Middle _____ Maiden _____ Last _____
(if applicable)

Mr. ___ Mrs. ___ Miss ___ Ms. ___

Previous Name: First _____ Middle _____ Maiden _____ Last _____
(if applicable)

Present Address: _____
(street) (city) (county) (state) (zip code)

Previous Address: _____
(street) (city) (county) (state) (zip code)

Telephone No: Home: _____ Work: _____ Cell/Mobile: _____

(Circle Qualification Method)

- Master Mason Wife Daughter
Legally Adopted daughter Mother
Widow Sister Half-Sister
Granddaughter Stepmother Stepdaughter
Stepsister Grandmother Great-Granddaughter
Daughters-in-Law Niece Great-Niece
Mothers-in-Law Sisters-in-Law Aunt
First Female Cousin Second Female Cousin
Rainbow Girl Job's Daughter

of _____ a member of _____
Lodge: _____ No. _____
Meeting at: _____ State _____
NOTE: ALL Petitions MUST be presented at a Stated Meeting of the Chapter. Petitioners MUST be elected at a Stated Meeting of the Chapter. Initiation may be held at a Special Meeting of the Chapter.

Qualifications for Membership are stated in the Ritual, Membership (2015) and in Rules and Regulations, Article IV, Section 111.

Petition for Degrees ** Presented: _____ Elected: _____ Initiated: _____
(mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

Petition for Affiliation ** Presented: _____ Elected: _____ Affiliated _____ Dual _____
(mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) y/n
From Chapter: _____ No. _____ City _____ St. _____

Petition for Restoration ** Presented: _____ Elected: _____ Restored: _____
(mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

Delete Member Demitted: _____ Suspended _____ Expelled: _____
(mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

Died _____ Next of Kin: _____
(mm/dd/yy) (Please give complete name, address, & relationship)

International Headquarters Fee _____

PM _____ PP _____ Chapter _____ No. _____ State _____

Remarks: _____ Chapter Secretary _____

_____ copy to Grand Secretary _____ copy to Membership Chair _____ Copy to Tar Heel Star News _____ Copy to Chapter Secretary