

## Application for Affiliation (PLURAL MEMBERSHIP)



To the Excellent High Priest, King, Scribe and Companions of \_\_\_\_\_ Chapter  
No. \_\_\_\_\_, Royal Arch Masons, at \_\_\_\_\_, Oklahoma.

The subscriber, a Royal Arch Mason, and a member of \_\_\_\_\_ Chapter,  
No. \_\_\_\_\_, under the jurisdiction of the Grand Chapter of \_\_\_\_\_  
respectfully petitions for membership in your Chapter; if found worthy, he pledges himself to a  
cheerful obedience to your By-Laws and the Ancient Usages of Masonry.

Date of Birth: \_\_\_\_\_ Where were you born? City \_\_\_\_\_ State \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Married or Single? \_\_\_\_\_

Employed by whom? \_\_\_\_\_ If married, name of Spouse \_\_\_\_\_

Have you ever visited \_\_\_\_\_ Chapter No. \_\_\_\_\_ R.:A.:M.:? \_\_\_\_\_ Have  
you ever been an Officer in a Chapter? \_\_\_\_\_ If so, what Office held? \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_ Location \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name in full of Applicant

We recommend and endorse this Application

Companion: \_\_\_\_\_

Companion: \_\_\_\_\_

## Request for Certificate of Good Standing - PLURAL MEMBERSHIP



\_\_\_\_\_, Oklahoma Date: \_\_\_\_\_

To: \_\_\_\_\_, Secretary Chapter No. \_\_\_\_\_ R.:A.:M.:,

Dear Companion,

I hereby make application for a Certificate of Good Standing (or demit if Certificates of Good Standing are not used  
in your Grand Jurisdiction) from your Chapter, in order that I may affiliate with \_\_\_\_\_ Chapter  
No. \_\_\_\_\_, R.:A.:M.: My dues are paid in your Chapter to \_\_\_\_\_. Kindly forward the  
Certificate of Good Standing (or demit) to Companion \_\_\_\_\_ Secretary of \_\_\_\_\_  
Chapter No. \_\_\_\_\_, Oklahoma

Fraternally yours,

Name in Full \_\_\_\_\_

Address: \_\_\_\_\_

Ballot Due \_\_\_\_\_

Please do not write on this side

\_\_\_\_\_ Chapter

No. \_\_\_\_\_ R.:A.:M.:

\_\_\_\_\_, Oklahoma

Affiliation



Application

Of

Companion: \_\_\_\_\_

Received: \_\_\_\_\_

Elected: \_\_\_\_\_

Rejected: \_\_\_\_\_

Investigating Committee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report of Committee

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