Application for Affiliation (PLURAL MEMBERSHIP)



To the Illustrious Master, Deputy M	laster, Principal Conductor	of the Work, and Co	ompanions of
Council No	, Cryptic Mason	ns, at	
Oklahoma.			
The subscriber, a Select Master, a	nd a member of		Counc
No, under the jurisdic	ction of the Grand Council o	of	
respectfully petitions for member	ship in your Council; if fou	nd worthy, he pled	ges himself to a
cheerful obedience to your By-Lav	ws and the Ancient Usages	of Masonry.	
Date of Birth:W	here were you born? City		State
Residence Address:		_ Telephone No	
Email Address:		_ Cell Phone No	
Present Occupation:		_ Married or Single	?
Employed by whom?	If married, na	me of Spouse	
Have you ever visited	Council No	_ C∴M∴?	Have you eve
been an Officer in a Council?	If so, what Office held	?	
Council Name:	Counc	cil No.	
Location-City:	State:		
Date:			
	Name in full of Applica	ant	
We recommend and endorse this	Application		
Companion:			
Companion:			

Request for Certificate of Good Standing - PLURAL MEMBERSHIP Date: , Oklahoma

Council No.

, Recorder



I hereby make application for a Certificate of Good Standing (or demit if Certificates of Good Standing are not used Council No. in your Grand Jurisdiction) from your Council, in order that I may affiliate with Dear Companion,

-. Kindly forward the Certificate of Good Council No. Recorder of , C :: M :: My dues are paid in your Council to Oklahoma Standing (or demit) to Companion

Fraternally yours,

Name in Full	Address.

Ballot Due	
Please do not write on this side	
Council No C .: M .:	
, Oklahoma	
Affiliation Application	
of	
Companion:	
Received:	
Elected:	
Rejected:	
Investigating Committee	
Report of Committee	