Application for Affiliation



To the Illustrious Master, Deputy Master, Principal Con	nductor of the Work, and Companions of
Council No, Crypti	tic Masons, at
Oklahoma.	
The subscriber, a Select Master, and a member of	Coun
No, under the jurisdiction of the Grand Co	Council of
respectfully petitions for membership in your Council	cil; if found worthy, he pledges himself to a
cheerful obedience to your By-Laws and the Ancient I	Usages of Masonry.
Date of Birth: Where were you born	n? City State
Residence Address:	Telephone No
Email Address:	Cell Phone No
Present Occupation:	Married or Single?
Employed by whom? If marr	rried, name of Spouse
Have you ever visited Council No	C∴M∴?Have you ev
been an Officer in a Council? If so, what Offi	fice held?
Council Name:	Council No.
Location-City:	State:
Date:	
Name in full of	f Applicant
We recommend and endorse this Application	
Companion:	
Companion:	

Request for Certificate of Good Standing

Date:	Council No.	
Oklahoma Date:_	, Recorder	

-. Kindly forward the Certificate of Good Council No._ Recorder of Standing (or demit) to Companion **Oklahoma**

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	