



# The General Grand Council of Cryptic Masons, International

## APPLICATION FOR LIFE MEMBERSHIP

The following Companion is a member of the Council with the number and Jurisdiction stipulated below and is hereby applying for a Life Membership with the General Grand Council of Cryptic Masons, International, reflective of his membership in this Council. It is understood that this Life Membership applies only to the named Council, and Life Membership in another Council will require a separate application. It is further understood that if membership in the Lodge, Chapter, or Council named below is forfeited for any reason, the fee for this Life Membership is non-refundable.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Lodge \_\_\_\_\_ No. \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Current or Highest Office \_\_\_\_\_

Chapter \_\_\_\_\_ No. \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Current or Highest Office \_\_\_\_\_

Council \_\_\_\_\_ No. \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Current or Highest Office \_\_\_\_\_

### Your Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Companion (or Recorder/Grantor) Date of Application

\_\_\_\_\_  
Name and Office if NOT Applicant

Cryptic Masons International  
PO Box 1087  
Meridian, ID 83680-1087 USA

A payment of \$62.50 (25 x Current Per Capita) must accompany this form. Please return this completed form with a check payable to Cryptic Masons International to the address above.