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 317
Spring Grove, PA 17362

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.