

# Hiram United Sovereign Grand Lodge

Ancient and Accepted Scottish Rite Free Masons of the World, Inc.



Post Office Box 543  
Columbus, Georgia 31902 -0543  
(706) 577-6024



## Petition for Membership

Regular Membership ( ) Honorary Membership ( ) Reinstatement ( ) Healing ( ) Demit ( )  
Regular Application Fee: \$35.00 for Masons and Eastern Stars - Demits \$5.00 - All Others \$20.00

Lodge \_\_\_\_\_ Chapter \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City County State Zip Code

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Are you a Student? \_\_\_\_\_ Religious Faith: \_\_\_\_\_

For Insurance Purposes, Name of Beneficiary: \_\_\_\_\_

Have you ever been refused Life or Health Insurance in the Past 2 years? \_\_\_\_\_ (Y) - (N)

Have you had or do you currently have: High Blood Pressure ( ) Heart Condition ( ) Aids ( )  
Mental Disorders ( ) Cancer or other Terminal Illness ( )  
Other ( ) Have you been hospitalized in the last 2 years? ( )

Explain all yes answers on back of application.

What gift or special talent do you have in working with people? \_\_\_\_\_

What area of Special Interest do you have in aiding the Community and this Organization? \_\_\_\_\_

How do you expect your life to change or get better through this Organization? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Voucher: \_\_\_\_\_ Signature: \_\_\_\_\_  
Application Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Date Received at Hiram United Sovereign Grand Lodge: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Date Certificate Issued \_\_\_\_\_ Date Certificate Mailed \_\_\_\_\_