

PETITION FOR AFFILIATION SCOTTISH RITE OF FREEMASONRY **VALLEY OF FORT WORTH** P. O. Box 1320



Fort Worth, TX 76101-1320 817/335-6004

To the Officers and Members of the Fort Worth Lodge of Perfection, Fort Worth Chapter of Rose Croix, Fort Worth

Council of Kadosh, and Fort Worth Consistory:

I, the undersigned, respectfully petition your Lodge, Chapter, Council, and Consistory of the Ancient and Accepted Scottish Rite of Freemasonry for membership by affiliation and, if received, I promise to obey in good faith and in the spirit of the Statutes, By-Laws, Rules, and Regulations thereof. I promise to bear true faith and allegiance to the Supreme Council of the Thirty-third Degree, A. & A. S.R., for the Southern Jurisdiction of the United States of America.

| I am a Master Mason in good standing | g in | Lodge #, |
|---|--|--|
| A.F.& A.M., located at | , under the Gr | and Lodge of |
| I am a Scottish Rite member in the Va | alley of | , Orient of |
| A.F.& A.M., located at I am a Scottish Rite member in the Va Rank: Is this for Dual or Plu | ural Membership (Y/N)_ | |
| TYPE OR PRINT: FULL NAME (FIRST) ADDRESS CITY, STATE, ZIP | (MIDDLE) | (LAST) |
| | | |
| PHONE HOME () | WORK (|) |
| CELL () | EMAIL | |
| DATE OF BIRTH: | PLACE OF BIRTH: | |
| OCCUPATION: | | |
| (11 | r Ketiked, rkow witeke) | |
| WIFE'S NAME: | | |
| USUAL SIGNATURE | NAME | PREFERRED |
| RECOMMENDED BY TWO (2) MEMBER | RS OF THE FORT WORTH | SCOTISH RITE BODIES: |
| (1) | (2) | |
| ************ | ********* | ******** |
| To the officers and Members of the Scottish R | tite Bodies of which I am curre | ently a member, located at: |
| CitySta | ate | |
| Brethren: It is my desire to affiliate with the Fort Worth Scottis | h Rite for the following reason: | |
| I therefore request that I be granted a Certificate of the General Secretary, Fort Worth Scottish Rite Boo | Good Standing or Demit. When dies, P. O. Box 1320, Fort Worth, | issued, kindly send the documents to Texas 76101-1320. |
| Applicant Sign here: | Supreme Cou | uncil ID # |
| Print Name in Full: | Rank:_ | |
| Address: | | |