



**PETITION FOR AFFILIATION  
FORT WORTH SCOTTISH RITE BODIES  
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 in \_\_\_\_\_ Lodge # \_\_\_\_\_, A.F. & A.M., located at \_\_\_\_\_, under the Grand Lodge of \_\_\_\_\_.

I am a Scottish Rite member in the Valley of \_\_\_\_\_, Orient of \_\_\_\_\_.

Rank: \_\_\_\_\_ Is this for Dual or Plural Membership (Y/N) \_\_\_\_\_

TYPE OR PRINT:

FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

CELL ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
(IF RETIRED, FROM WHERE)

WIFE'S NAME \_\_\_\_\_ HAT SIZE \_\_\_\_\_

MILITARY SERVICE-BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

YEARS OF SERVICE \_\_\_\_\_

USUAL SIGNATURE \_\_\_\_\_ NAME PREFERRED \_\_\_\_\_

RECOMMENDED BY TWO (2) MEMBERS OF THE FORT WORTH SCOTTISH RITE BODIES:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

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To the officers and Members of the Scottish Rite Bodies of which I am currently a member, located at:

City \_\_\_\_\_ State \_\_\_\_\_

Brethren: It is my desire to affiliate with the Fort Worth Scottish Rite for the following reason:

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I therefore request that I be granted a Certificate of Good Standing or Demit. When issued, kindly send the documents to the General Secretary, Fort Worth Scottish Rite Bodies, P. O. Box 1320, Fort Worth, Texas 76101-1320.

Applicant Sign here: \_\_\_\_\_ Supreme Council ID # \_\_\_\_\_

Print Name in Full: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_