



**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:

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: _____