



# Grand Lodge of Minnesota A.F. & A. M.



## PETITION FOR OR PLURAL MEMBERSHIP, AFFILIATION, OR RESTORATION

Petitioner (Full name) \_\_\_\_\_ Date \_\_\_\_\_

TO THE MASTER, WARDENS AND BRETHREN OF: \_\_\_\_\_

I the subscriber, *a non-affiliated* or *an affiliated* Master Mason, declaring my continued sincere belief and trust in God, and desiring to assume the duties and responsibilities of *Plural Membership, active Lodge Membership, or to transfer my membership to your Lodge*, respectfully petition to be admitted as a member of your Lodge, if found worthy. Should my petition be granted, I promise to conform strictly to the requirements of your By-Laws and to the established Laws, Customs and Usages of the Fraternity. I submit herewith my *Demit* or *Proof of Good Standing* from: \_\_\_\_\_ Lodge Number \_\_\_\_\_ of (City) \_\_\_\_\_ State of \_\_\_\_\_

My Petition is for (check one) *Plural Membership* \_\_\_\_\_ *Affiliation* \_\_\_\_\_ *Restoration* \_\_\_\_\_

I was born on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at the City of \_\_\_\_\_

State of \_\_\_\_\_

Spouse Name \_\_\_\_\_

My residence is (address) \_\_\_\_\_

(City, state, zip) \_\_\_\_\_

(Phone) \_\_\_\_\_ (E-mail) \_\_\_\_\_

My specific occupation is \_\_\_\_\_

I am employed by \_\_\_\_\_

I was Initiated (date) \_\_\_\_\_ Passed (date) \_\_\_\_\_ Raised (date) \_\_\_\_\_

by \_\_\_\_\_ Lodge No. \_\_\_\_\_ of \_\_\_\_\_

I have never been rejected by a Masonic Lodge, except \_\_\_\_\_

For the past ten years I have lived at (Be Specific) \_\_\_\_\_

and my occupation was \_\_\_\_\_

I *have* \_\_\_ *have not* \_\_\_ paid the Minnesota Masonic Home/Help, Aid and Assist Fund Assessment in full.

Signed \_\_\_\_\_

The undersigned members in good standing, one or both of said Lodge, being personally acquainted with the petitioner and believing his statements to be true, recommend him as proper material for *Affiliation, Restoration, or as a Plural Member* of said Lodge and have notified him of the Grand Lodge requirements pertaining to the above mentioned Assessment.

Recommended by Brothers:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_