



**APPLICATION FOR MEMBERSHIP
IN THE LODGE OF FREE AND ACCEPTED MASONS**

The Most Worshipful Prince Hall Grand Lodge of North Carolina and Jurisdiction, Inc.

To the Master Wardens and Members of _____ Lodge No. _____
F. & A.M., Located at _____ N.C.

Name _____ Date _____

Present mailing address _____ Zip Code _____

Telephone No. _____ Previous Address _____

Age _____ Date of Birth _____ Place of Birth _____

Married or Single ____ If married, give maiden name of wife, state, country and date of marriage _____
No. of children _____

Occupation _____ Where employed _____

Have you ever made application for membership in a lodge of
Masons before? _____ if so when? _____ and at what lodge and place? _____

State cause for failure to connect as a full member _____

Beneficiary for Benevolence _____ Relationship _____

Are you a registered voter? _____ Name of Precinct _____

Are you a member of the NAACP? _____

The undersigned makes application for membership and affirms that being unbiased by friends and uninfluenced by mercenary motives, he freely and voluntarily offers himself a candidate for the mysteries of Masonry; and that he is prompted to this application by a favorable opinion conceived of the Institution, a desire for knowledge, and a sincere wish of being serviceable to his fellow creatures.

Should my petition be granted, I will cheerfully conform to all the ancient established usages and customs of the fraternity. FURTHER, I FULLY UNDERSTAND THAT I WILL NOT BE ELIGIBLE FOR BENEVOLENCE DEATH BENEFIT IF I AM 55 YEARS OLD WHEN I JOIN. DO YOU BELIEVE IN GOD OR A SUPREME BEING? _____

Recommended by (Mason in good Standing) _____ Your Social Security No. _____

Signature of Applicant

PHYSICIAN'S HEALTH CERTIFICATE

Name _____ Address _____

Married or Single _____ Date of Birth _____ Age _____

General appearance as to health _____

Have you ever had a habitual cough? _____ Disease of bladder? _____

Disease of the kidney? _____ Girth of chest full inspiration _____ expiration _____

Height _____ Weight _____ Number of respirations per minute _____ Rate of pulse _____

Per minute, Regular? _____ Is respiration murmur clear in every part of both lungs: _____

Blood pressure: Systolic _____ Diastolic _____ Any medications _____

Is action of heart normal? _____ Any indication of disease in any of the vital organs? _____

Any serious operations? _____

Do you rate the applicant as a first class, fair or poor insurance risk? _____

I do hereby certify that I have examined the applicant name above is referred, and the answers are correct, except those entered on information, and these are believed to be correct.

Signed this _____ day of _____ 20____

_____ M.D. Address _____

Date: Entered _____ Passed _____ Raised _____ Declnd _____

Form 1 rev 2003 Certified by _____ Secretary of Lodge