

# Council Petition for Affiliation



To the Illustrious Master, Officers and Members of \_\_\_\_\_ Council No. \_\_\_\_\_, Cryptic Masons of California:

The undersigned respectfully represents that he is a Master Mason in good standing of \_\_\_\_\_ Lodge No. \_\_\_\_\_, F. & A. M., under the jurisdiction of the Grand Lodge of \_\_\_\_\_; that he is a Royal Arch Mason in good standing of \_\_\_\_\_ Chapter No. \_\_\_\_\_, R. A. M., under the jurisdiction of the Grand Chapter of \_\_\_\_\_; that he is a resident of the State of California; that he  
(check one of the following):

- was last a member of \_\_\_\_\_ Council No. \_\_\_\_\_, C. M., under the jurisdiction of the Grand Council of \_\_\_\_\_, from which he has regularly withdrawn (demitted), as attested by the accompanying certificate of demit, and desires to be admitted a member of your Council;
- is a Cryptic Mason in good standing of \_\_\_\_\_ Council No. \_\_\_\_\_, C. M., under the jurisdiction of the Grand Council of California, and desires to be admitted a member of your Council and, if so, to withdraw from this, his said Council;
- is a Cryptic Mason in good standing of \_\_\_\_\_ Council No. \_\_\_\_\_, C. M., under the jurisdiction of the Grand Council of \_\_\_\_\_, and desires to be admitted a dual/plural member of your Council;

and that he promises, if elected, a cheerful compliance with the laws and regulations of your Council and of the Most Illustrious Grand Council of Cryptic Masons of the State of California.

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Print Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**RECOMMENDED BY:**

Comp. \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Comp. \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERS TO:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_