



APPLICATION FOR MASON/EASTERN STAR MEMBERSHIP

Lodge/Chapter _____ Application Fee: \$20/Reinstatement Fee\$50

Type: () Regular () Honorary () Reinstatement () Heal () Demit

If being healed, name of Lodge/ Chapter _____ City/State _____
If being reinstated, name of Lodge/Chapter _____ City/State _____
If being demitted, name of Lodge /Chapter _____ City/State _____

Name _____ Date _____
Address _____ City/State/Zip _____
Date Of Birth _____ Age _____ City Of Birth _____
Phone _____ Cell _____ Email _____
Occupation _____ City/ State _____

Marital Status () Single () Married () Widowed () Divorced
If married, spouse's name _____

Beneficiary _____ Relation _____
Address _____ City/State/Zip _____
Emergency Contact Name _____ Phone _____
Address _____ Relation _____

Health condition () Excellent () Good () Poor Allergies _____
Do you have any disabilities? () Yes () No
If yes, explain _____

Do you believe in a supreme being? () Yes () No
Have you petitioned a Lodge/Chapter within the last 6 months? () Yes () No
If yes, name of Lodge/ Chapter _____ City/State _____
Name of Voucher _____ Lodge/Chapter _____

Applicant's Signature _____ Date _____
Worshipful Master Signature _____ Date _____
Worthy Matron Signature _____ Date _____

Applicant do not write in box.

Signatures
Secretary _____ Date Received _____
Grand Secretary _____ Date Received _____
Certificate Issued Date _____ Amount Paid \$ _____ () Check () Cash () Money Order