

Chapter Name and Number: \_\_\_\_\_

Date: \_\_\_\_\_

IHF \_\_\_\_\_

## New Membership Report Form

Complete the appropriate sections and send to the Grand Chapter Office  
with the \$5 International Headquarters fee.

### Complete for ALL new memberships: Section #1

#### Section #1

#### Type of Membership:

Initiate: \_\_\_ Affiliation: \_\_\_ Plural: \_\_\_ Reinstatement: \_\_\_

Name of Member: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Initiation Chapter Name, #, and State \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

#### Section #2: Complete only if New Initiate

Relationship of member to the Master Mason: \_\_\_\_\_

Name of Master Mason: \_\_\_\_\_

Lodge of Master Mason: \_\_\_\_\_ Lodge # \_\_\_\_\_

Lodge location (town and state): \_\_\_\_\_

MM Rainbow or Three Years at Assembly No: \_\_\_\_\_ State \_\_\_\_\_

MM Job's Daughters or Three Years at Bethel No: \_\_\_\_\_ State \_\_\_\_\_

#### Section #3: Complete only if New Affiliate or Plural Member

Affiliation-Plural Membership Date: \_\_\_\_\_ (Date of Ballot)

Demit from: \_\_\_\_\_ (N/A) if not demitted)

Demit Date: \_\_\_\_\_ (N/A) if not demitted)

Affiliate is a member of these additional chapters: (Name, Number, Location)

---

---

---

---