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)