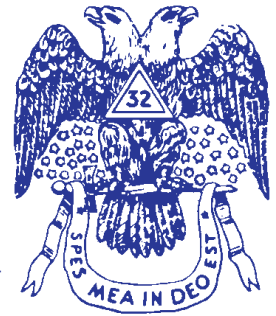


**AFFILIATION,  
DUAL OR PLURAL  
MEMBERSHIP ONLY**

# Ancient and Accepted Scottish Rite of Freemasonry Southern Jurisdiction, U. S. A.

SCOTTISH RITE MASONRY - THE CHAMPION OF CONSTITUTIONAL FREEDOMS  
**Petition for Affiliation, Dual or Plural Membership**



PRINT FIRST NAME

PRINT MIDDLE NAME

PRINT LAST NAME

DAY

MONTH

YEAR

SOCIAL SECURITY NO.

### To the Officers and Members of San Antonio Scottish Rite Bodies:

I certify that I am a \_\_\_\_\_ degree Mason of the Ancient and Accepted Scottish Rite, and a member of \_\_\_\_\_  
(Name of Body or Bodies)

Valley of \_\_\_\_\_, Orient of \_\_\_\_\_, and now respectfully petition for membership

in your Bodies as a **(must check one)**  Dual Member,  Plural Member,  Single Member, promising always to bear true faith and allegiance to the Supreme Council of the Thirty-Third and Last Degree, for the Southern Jurisdiction of the United States.

Mailing Address: \_\_\_\_\_  
Zip Code (9 DIGIT)

E-mail \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Wife's Name \_\_\_\_\_  
(Month) (Day) (Year) (City, or nearest City, and State)

Employed by \_\_\_\_\_ Kind of Business \_\_\_\_\_  
(Give name of firm or corporation, or trade name. If retired, give former employment).

Occupation or Position \_\_\_\_\_  
(Give Occupation or Position and if civil service, so state/if armed services, give rank. If retired, so state with previous occupation.)

\* \* \*

I am a Master Mason in good standing in \_\_\_\_\_ Lodge No. \_\_\_\_\_, located at \_\_\_\_\_,  
under the Jurisdiction of the Grand Lodge of \_\_\_\_\_.

Signature of Petitioner \_\_\_\_\_  
Sign Full Name (First, Middle, and Last) \* \* \*

**Recommended by Two Members, San Antonio Bodies**

Signature of 1st Recommender

Print Name of 1st Recommender & Scottish Rite I. D. No.

Signature of 2nd Recommender

Print Name of 2nd Recommender & Scottish Rite I. D. No.



**You can now use your credit card to pay your Fees, Dues, Endowed (Life) Membership, Caps and other items.**



**ADDRESS TO: SECRETARY, SAN ANTONIO SCOTTISH RITE BODIES  
P. O. BOX 2239, SAN ANTONIO, TEXAS 78298-2239**

San Antonio, Texas \_\_\_\_\_  
Month Day Year

### To the Officers and Members of the Scottish Rite Bodies of which I am presently a member:

Located at \_\_\_\_\_  
(City) (State) (Zip Code)

Brethren:

It is my desire to affiliate with the San Antonio Scottish Rite Bodies; I therefore request that I be granted a Certificate of Good Standing or Demit. Please include Supreme Council identification number.

When issued, kindly send the Document direct to the Secretary, San Antonio Scottish Rite Bodies, P. O. Box 2239, San Antonio, Texas 78298-2239.  
**With best personal regards:**

APPLICANT sign here \_\_\_\_\_  
Sign Full Name (First, Middle, and Last)

Then type or print name in full \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Supreme Council I. D. No. \_\_\_\_\_

**REVISED  
2003**