



**APPLICATION FOR MEMBERSHIP  
IN THE LODGE OF FREE AND ACCEPTED MASONS**

The Most Worshipful Prince Hall Grand Lodge of North Carolina and Jurisdiction, Inc.

To the Master Wardens and Members of \_\_\_\_\_ Lodge No. \_\_\_\_\_  
F. & A.M., Located at \_\_\_\_\_ N.C.

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Previous Address \_\_\_\_\_

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Married or Single \_\_\_\_ If married, give maiden name of wife, state, county and date of marriage  
\_\_\_\_\_ No. of children \_\_\_\_\_

Occupation \_\_\_\_\_ Where employed \_\_\_\_\_

\_\_\_\_\_ Have you ever made application for membership in a lodge of  
Masons before? \_\_\_\_\_ If so when? \_\_\_\_\_ And at what lodge and place? \_\_\_\_\_

State cause for failure to connect as a full member \_\_\_\_\_

Beneficiary for Benevolence \_\_\_\_\_ Relationship \_\_\_\_\_

Are you a registered voter? \_\_\_\_\_ Name of Precinct \_\_\_\_\_

Are you a member of the NAACP? \_\_\_\_\_

The undersigned makes application for membership and affirms that being unbiased by friends and uninfluenced by mercenary motives, he freely and voluntarily offers himself a candidate for the mysteries of Masonry; and that he is prompted to this application by a favorable opinion conceived of the Institution, a desire for knowledge, and a sincere wish of being serviceable to to his fellow creatures.

Should my petition be granted, I will cheerfully conform to all the ancient established usages and customs of the fraternity. FURTHER, I FULLY UNDERSTAND THAT I WILL NOT BE ELIGIBLE FOR BENEVOLENCE DEATH BENEFIT IF I AM 55 YEARS OLD WHEN I JOIN. DO YOU BELIEVE IN GOD OR A SUPREME BEING? \_\_\_\_\_

Recommended by (Mason in good Standing)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**MEDICAL HEALTH CERTIFICATE**

Name \_\_\_\_\_ Address \_\_\_\_\_

Married or Single \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

General appearance as to health \_\_\_\_\_

Have you ever had a habitual cough? \_\_\_\_\_ Disease of bladder? \_\_\_\_\_

Disease of the kidney? \_\_\_\_\_ Girth of chest full inspiration \_\_\_\_\_ expiration \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Number of respirations per minute \_\_\_\_\_ Rate of pulse \_\_\_\_\_

Per minute, Regular? \_\_\_\_\_ Is respiration murmur clear in every part of both lungs: \_\_\_\_\_

Blood pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ any medications \_\_\_\_\_

Is action of heart normal? \_\_\_\_\_ Any indication of disease in any of the vital organs? \_\_\_\_\_

Any serious operations? \_\_\_\_\_

Do you rate the applicant as a first class, fair or poor insurance risk? \_\_\_\_\_

I do hereby certify that I have examined the applicant name above is referred, and the answers are correct, except those entered on information, and these are believed to be correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ M.D. Address \_\_\_\_\_

Date: Entered \_\_\_\_\_ Passed \_\_\_\_\_ Raised \_\_\_\_\_ Declined \_\_\_\_\_

Form 1 rev 2013 Certified by \_\_\_\_\_ Secretary of Lodge