

## Petition for Affiliation or Dual Membership

To the Worshipful Master, Wardens and Brethren of

### **Rosciuszko Lodge Number 1085**

Date ..... 20.....

The undersigned, having been raised to the Sublime Degree of Master Mason in a regularly recognized Lodge of Free and Accepted Masons, makes application to the above Lodge for affiliation and upon his honor has answered the following questions truthfully:

**Note:** This petition **must be** filled out by the petitioner in his own handwriting.

1. What is your full name? .....
2. Where were you born? .....
3. What was the month, day and year of your birth? .....
4. Where do you reside, stating Borough if within the City of New York? .....
- .....
5. What is your phone number (s)? .....
6. What is your e-mail address? .....
7. What is your business occupation and where is it conducted? .....
8. Are you at the present time regularly dimitted from a Masonic Lodge? .....
- If so, state the name, number and address of such Lodge .....
- .....
9. Are you at the present time a member of any Masonic Lodge? .....
- If so, state the name, number and address of such Lodge .....
10. If you should be received into membership in this Lodge, is it your desire to retain your membership in the Lodge name in your answer to question 9? .....
11. At the present time are you e member of more than one Masonic Lodge? .....
12. Have you ever presented an application for affiliation with another Masonic Lodge, either in this State or elsewhere, which has not been acted on? .....
13. Have you ever been rejected upon your application for affiliation by a Masonic Lodge, either in this State or elsewhere? .....
- .....

Signature of Petitioner .....

Presented by Brother .....

Signature of Proposer .....

Of the above Lodge, who hereby certifies that he is well acquainted with the petitioner, that he has read the answers to the questions contained in the petition and believe the to be true and that the petitioner is good character and comes under the tongue of good report.

#### REFERENCES

Name ..... E-mail..... Phone No.....

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