

Application for Membership 12th Masonic District Association

Please Print

Date: _____

Name: _____

Address: _____ City: _____

State: ____ Zip: _____ Member Number: _____

Home Lodge: _____ No. _____

District: _____

Grand Jurisdiction: _____ Phone: _____

Alternate Phone: _____

Email: _____

I hereby apply for membership in the 12th Masonic District Association and I have included my

___ Yearly Membership Dues of \$10.00

___ Life Membership Dues of \$100.00

Check No. _____ Cash _____

Signature: _____

Date Submitted: _____

Investigated By: _____

Date Approved: _____