

# M. W. Stringer Grand Lodge, F. & A. M. Jurisdiction of Mississippi



## MEMBERSHIP APPLICATION

Name:	e-mail:	Date:
Street Address -	City -	State - County - Zip Code -
Date of birth:	Age:	SSN:
Place of Birth: City -	State -	County - Country -
Current employer:	Occupation:	
Cell Phone:	Home Phone:	Work Phone:

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS USING CHECK MARKS WHERE APPLICABLE**

Married? \_\_\_\_\_ Divorced? \_\_\_\_\_ Widower? \_\_\_\_\_ Single? \_\_\_\_\_

If married, what is your wife's name (Include address if different): \_\_\_\_\_

Have you ever applied for membership in a Masonic lodge before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

What is the name and number of the most recent lodge of which you applied? \_\_\_\_\_

What is the address of the lodge? \_\_\_\_\_

Was the lodge Prince Hall affiliated? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you accepted for membership? Yes \_\_\_\_\_ No \_\_\_\_\_

List additional lodges on the back of this form if applicable and indicate whether you were accepted or rejected.

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you believe in immortality of the soul? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the name and location of your church if you are a member? \_\_\_\_\_

Do you have a lifestyle or any habits that could be regarded as immoral? \_\_\_\_\_

Have you ever been convicted of murder? \_\_\_\_\_ Theft? \_\_\_\_\_ Treason? \_\_\_\_\_ Served time in prison? \_\_\_\_\_

If yes give reasons and indicate if you were Pardoned (Use the back of this form if more space is needed): \_\_\_\_\_

Have you any physical defects or illnesses that would present a challenge to this lodge? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to obey all laws and regulations of this lodge and the Grand Lodge, and to honor all summons there from? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle Glove Size: Small Medium Large X-Large XX-Large

**BENEFICIARY/EMERGENCY CONTACT INFORMATION**

Beneficiary Name:	Relationship:	Phone:
Street Address -	City -	State - County - Zip Code -
In case of emergency contact _____ at phone number _____ alternate _____		

**SIGNATURES**

I attest to the accuracy and authorize the verification of information provided on this form. Signature of applicant:	Date:
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Two references from the lodge are required on the application and at least one (or designee) must be present at the interview.

Name of references:		
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For Lodge use only:

Date Received: \_\_\_\_\_ Accepted? Yes No Investigation Comm. Mmbr: Bro. \_\_\_\_\_

Fees Paid: Amount \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Dates: EA \_\_\_\_\_ FC \_\_\_\_\_ MM \_\_\_\_\_ Demit \_\_\_\_\_ Healed \_\_\_\_\_ M.S. \_\_\_\_\_

Apron \_\_\_\_\_, Gloves \_\_\_\_\_, Ritual \_\_\_\_\_, Other \_\_\_\_\_; Benefit status: G.L. \_\_\_\_\_ Local Lodge \_\_\_\_\_