

Petition for Affiliation

<input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Plural	} Check applicable box
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To the Master, Wardens, and Brethren of _____ Lodge No. _____
 _____ A.F. & A.M., _____, Iowa:

I fraternally represent that on or about _____, I was made a Master
(Month/Day/Year)

Mason in _____ Lodge No. _____, located in _____,
 and chartered by the Grand Lodge of _____. I was last a member of _____
 Lodge No. _____, located at _____.
**but was regularly demitted therefrom*
**and am still a member thereof*

My birthdate is _____, I was born at _____,

State of _____. I have resided in Iowa since _____.

My occupation is that of a _____.

I am employed by _____ at _____.

My mailing address is: _____ City: _____ Zip: _____.

My phone number is _____. My e-mail address is _____.

Dated at _____, on _____.
(City) *(Month/Day/Year)*

(Sign Full Name)

Recommended and vouched for as a Master Mason by

 _____ } Members of lodge applied to.
(Please PRINT First/Middle/Last Name)

Note: Cancel one of the lines marked (*) according to the facts in the case.

REPORT OF INVESTIGATING COMMITTEE

We certify that we have carefully investigated the qualifications of the petitioner and recommend

Signatures of Committee:

NOTE: — As, under the law, the report of the Investigating Committee must not be placed on record, this report should be detached and destroyed immediately after the ballot is taken on the petition.

Election	_____	_____
No Election	_____	_____
Election	_____	_____
No Election	_____	_____
Election	_____	_____
No Election	_____	_____

Application for Demit

To the Masters, Wardens, and Brethren of _____ Lodge No. _____,
 A.F. & A.M., _____, Iowa.

I fraternally represent that I am a member of the above named lodge and that I am desirous of terminating my membership therein. Having complied with the requirements of the Masonic Code of Iowa, I ask that a demit be granted to me.

Dated at _____ on _____.
(City) *(Month/Day/Year)*

 (Sign Full Name)

Petition for Affiliation

of

(Address)

Received at Stated Communication

Dated _____

Action Taken at Stated Communication

Dated _____

Result: _____

Investigating Committee:
