

Rose of Sharon Council No. 49, K.M.

Membership Proposal

Please fill out and return with your check. **Do not sign at the bottom.**

Last Name _____ First Name _____ MI _____
Mailing Address _____
City _____ Zip _____ Email _____
Home Phone (____) _____ Bus. Phone (____) _____ Occupation _____
Grand Lodge ID _____ DOB _____ Date Raised _____
Home Lodge No. _____ Other Lodge No. _____
PM (yes or no) _____ Current Office _____ DDGM (y/n) _____ Year _____
Grand Officer (appointed) _____ Year _____
Grand Officer (elected) _____ Year _____

YORK RITE

Chapter No. _____ PHP (y/n) _____ Current Off. _____ DDGHP _____ Year _____
Council No. _____ PTIM (y/n) _____ Current Off. _____ DDGM _____ Year _____
Commandery No. _____ PC (y/n) _____ Current Off. _____
College No. _____ PG (y/n) _____ Current Off. _____
KYCH _____ Prior _____ Past Prior _____
KTCH _____ Purple Cross _____
Grand Officer (y/n) _____, if yes, Grand Body and Office _____
AMD Council No. _____ SM (y/n) _____
Royal Order of Scotland (y/n) _____
Red Cross of Constantine (y/n) _____ Conclave _____
HRAKTP (y/n) _____ Tabernacle _____
Other York Rite Organizations and/or Honors _____

Scottish Rite

Valley _____ Orient _____ 32 _____ 32KCCH _____ 33 _____

Grotto

Name _____ Monarch _____ Past Monarch _____ Office _____

Shrine

Name _____ Potentate _____ Past Potentate _____ Office _____

Other Masonic Affiliations

Date _____ Signature _____

Proposing Member