



Petition for the Degrees and Orders of the *York Rite of Freemasonry*



To the Officers and Members of:

Date: _____

_____ Chapter No. _____, R.A.M.
Chapter Name Number

_____ Council No. _____, R.S.M.
Council Name Number

_____ Commandery No. _____, K.T.
Commandery Name Number

COMPANIONS and SIR KNIGHTS:

I, the undersigned, being a Master Mason in good standing in _____
Blue Lodge Name

Lodge No. _____ located at _____ under the jurisdiction of the
Number City, State

Grand Lodge of **Iowa**, certify that I passed the proficiency on the Master Mason's
State

degree on or about _____ that I have resided within the jurisdiction of York
Approximate Date

Rite Bodies since _____, that I have never* previously applied for any of the
Approximate Date

York Rite Degree and now respectfully petition to receive the degrees of the Chapter, Council
and Commandery, and inclusive, promising to conform to cheerfully and strictly to all rules,
By-laws, regulations, and statutes of the General Grand Chapter, General Grand Council,
Grand Encampment, the Grand and the local York Rite bodies.

Neatly Print Petitioner's Full Legal Name

Petitioner's Signature

Recommended by: *Printed Name (Neatly)*

Signature

1. _____
2. _____

* If applicant has previously applied for any of the degrees, he will strike out the word 'never' and explain when and where such application was made.



Grand Chapter of Royal
Arch Masons of Iowa



Grand Council of Royal
& Select Masters of Iowa



Grand Commandery
Knights Templar of Iowa

Petitioner/New Member Form

Labels Entered <input type="checkbox"/> Yes <input type="checkbox"/> No		Database	Membership #	Enter Date
		Local		

Grand Sec./Recorder's Section Below		
IA - Access		
Database		
MMS -		
RAM		
MMS -		
RSM		
MMS - KT		

Petitioner – Please complete ALL information (to the thick black line). If you would like any information to **NOT** be shared with the York Rite Membership, please highlight or note on this form. Return this form to your 1st line signer or the local secretary/recorder.

Secretary/Recorder – Forward to Grand Secretary/Recorder within 5 days of receipt. This information must be entered in to MMS within 10 days of the initiation.

Full Legal
(F / M / L)

Name _____ Preferred Name: _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____

Cell # _____ Life Member _____

Home Email _____

Work Email _____

Date of Birth _____ Birth Place _____

Spouse / Lady _____ Ladies Birthday _____ Date of Anniversary _____

Children _____

Employer _____ Position _____

Blue Lodge # _____ City _____ Date Joined _____

The section below to be completed by the Local York Rite Secretary/Recorder.

Petition Date YR _____ Election Date YR _____ ☐ Accept ☐ Reject

Chapter Name _____ # _____ Council Name _____ # _____

City _____ City _____

MM _____ RM _____

PM _____ SM _____

MEM _____ SEM _____

RAM _____ Comm. Name _____ # _____

Required 1st Line S. _____ City: _____

Notes & Payment Information

Red Cross _____
Order Malta _____
Order Temple _____

Courtesy Work done at: _____ For _____

New Member Form – Updated – April 20, 2019