



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



To the Officers and Members of:

Date: _____

Chapter Name

Chapter No. _____, R.A.M.

Number

Council Name

Council No. _____, R.S.M.

Number

Commandery Name

Commandery No. _____, K.T.

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

Petition's Signature

Recommended by: _____ Printed Name (Neatly)

Signature

1. _____

Signature

2. _____

Signature

* 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 Mason 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 Local	Membership #	Enter Date
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 _____	Preferre d Name: _____		
Address _____			
City _____	State _____	Zip _____	
Home # _____	Work # _____	RAM _____	
Cell # _____	Life Member _____	RSM _____	
Home Email _____	KT _____		
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 _____	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject
Chapter Name _____	# _____	Council Name _____	# _____
City _____		City _____	
MM _____		RM _____	
PM _____		SM _____	
MEM _____		SEM _____	
RAM _____		Comm. Name _____	
Required 1st Line S. _____		# _____	
Notes & Payment Information			
Red Cross _____			
Order Malta _____			
Order Temple _____			

Courtesy
 Work done at: _____ For: _____

New Member Form – Updated – April 20, 2019