



# 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)*

1. \_\_\_\_\_

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 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	_____	_____

**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 1<sup>st</sup> 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.

<b>Grand Sec./Recorder's Section Below</b>		
IA – Access	_____	_____
Database	_____	_____
MMS –	_____	_____
RAM	_____	_____
MMS –	_____	_____
RSM	_____	_____
MMS – KT	_____	_____

Full Legal (F / M / L) Name \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

**RAM** **RSM** **KT**

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 1<sup>st</sup> Line S.** \_\_\_\_\_ **City:** \_\_\_\_\_

**Notes & Payment Information**

Red Cross \_\_\_\_\_  
Order Malta \_\_\_\_\_  
Order Temple \_\_\_\_\_

Courtesy Work done at: \_\_\_\_\_ For \_\_\_\_\_