## CERTIFICATE TO ACCOMPANY A PETITION FOR DUAL MEMBERSHIP

Lodge Name		Lodge No.
	(Primary Lodge)	
	(City, State, Zip Code)	
THIS CERTIFIES THAT BROTH	ER	
	(Name in Full)	
	(Mailing Address)	
	(City, State, Zip Code)	
who has given notice of his intention to peti	tion for Dual Membership in	
Lodge Name		Lodge No
	(Secondary Lodge)	
located at		
	(City, State, Zip Code)	
is now a Master Mason in good standing in and is free from charges.		Lodge No.
and is free from charges.	MASONIC HISTORY	
Descrived the decrease of Management in		T 1 N
Received the degrees of Masonry in		
located in		
	(City, State, Zip Code)	
Entered	Resigned	0( 1 D 1 V )
(Month, Date, Year)		(Month, Date, Year)
Fellow Craft (Month, Date, Year)	Suspended	(Month, Date, Year)
Master Mason		(Mondi, Date, Tear)
(Month, Date, Year)	Expelled	(Month, Date, Year)
	Restored to Membership	, , ,
(LODGE SEAL)		(Month, Date, Year)
		Worshipful Master
Date		Secretary