



FOR USE IN THE SOUTHERN JURISDICTION



ANCIENT and ACCEPTED SCOTTISH RITE of FREEMASONRY
VALLEY of OCALA ORIENT of FLORIDA

_____, 20_____

To the officers and members of A.:A.:S.:R.: Valley of Ocala, Orient of Florida. I

First Name

_____, _____, _____, _____ am a member in good standing
Middle Name Last Name Title Degree
of the A.:A.:S.:R.: Valley of _____, Orient of _____...

I understand that in making this application for Dual Membership, the following rules will apply:

- A] That dues are the same as regular Membership in the Body to which application is made..
- B] That I am not eligible for Honors except in my primary Bodies..
- C] That I may serve on Committees or Hold Appointed Offices, not Elected Offices..
- D] That my two sponsors must be members of the Bodies to which I am applying..
- E] That in applying for Dual Membership, I must provide continuing proof of Good Standing in my Masonic Lodge and primary Scottish Rite Bodies..

Supreme Council I.D. Number _____
My Dues Card Expires: ____/____/____.

Signature in Full

Hone Phone Number: (____) ____-_____
E-Mail Address: _____

Business Phone Number (____) ____-_____
Fax Number (____) ____-_____

EACH QUESTION MUST BE ANSWERED IN FULL [Please Print or Type]

Residence Address: _____
Mailing Address: _____
City: _____
State: _____ Zip Code + 4: _____ - _____

Date of Birth: _____
Place of Birth: _____

Occupation: _____
If Retired what was your Occupation _____

Present Blue Lodge: _____
Lodge No. _____ Location: _____
Date of Master Mason Degree: _____

Ladies Name: _____

Date you became a
Master of the Royal Secret 32° _____

I CERTIFY that, as a sponsor, I am personally acquainted with the applicant, and from a confidence in HIS Integrity and Masonic Worth, do cheerfully recommend that HIS petition be granted.....

Print Name in Full

Member No.

Signature

Print Name in Full

Member No.

Signature

VALLEY CERTIFICATION

I CERTIFY that I Have verified the paid-up dues status of this member's primary Valley membership.. On ____/____/____ this member was voted / accepted as a dual member of this Valley.. I have notified the primary Valley Secretary of this action and have forwarded a copy of this application to him and to the Sovereign Grand Commanders of each jurisdiction...

Signature of Secondary Valley Secretary

Date

Date of Dual Affiliation

Primary Valley Name: _____
Street: _____
City/State/Zip: _____
Phone: (____) _____

Secondary Valley Name: _____
Street: _____
City/State/Zip: _____
Phone: (____) _____