

**RECOMMENDED BY:**

Companion \_\_\_\_\_  
Companion \_\_\_\_\_

**SEAL**

**CHAPTER INFORMATION:**

Name \_\_\_\_\_ Chapter No. \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip-APPO/FPO \_\_\_\_\_

**HOME OF RECORD:**

Name \_\_\_\_\_

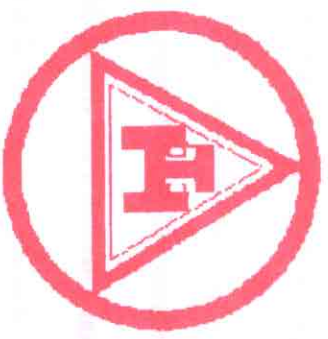
Address \_\_\_\_\_

City/State/Zip-APPO/FPO \_\_\_\_\_

Note: This form shall be reproduced in three copies. The original copy plus one will be sent to the Grand Chapter, with the other being retained with Chapter records.

This form may also be used to change beneficiaries. The same above procedures apply.

**Rev. Joseph T. Thornton  
Most Excellent Prince  
Hall Grand Chapter Holy  
Royal Arch Masons**



**PETITION  
FOR  
MEMBERSHIP**

**Jurisdiction of Oklahoma**

*Rev. Joseph T. Thornton*

*Most Excellent Prince Hall Grand Chapter*

Holy Royal Arch Masons



**PETITION FOR MEMBERSHIP**

(Please Print or Type)

Date \_\_\_\_\_

To the Officers and Members of the Rev. Joseph T. Thornton Most Excellent

Prince Hall Grand Chapter of Holy Royal Arch Masons and the Officer and

Members of \_\_\_\_\_ H.R.A.M. Chapter No. \_\_\_\_\_

Being anxious to receive further Light in Masonry, I ask to be permitted to

receive the degrees of **Mark Master, Past Master, Most Excellent Master,**

and **Royal Arch** in Free Masonry. I make the following statement upon my

Masonic Honor that I am a Master Mason in good standing with

\_\_\_\_\_

Lodge # \_\_\_\_\_ F.&A.M. A fee of \$ \_\_\_\_\_ accompanies my petition.

Lodge Name \_\_\_\_\_ Lodge # \_\_\_\_\_

Address \_\_\_\_\_

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

If accepted, I promise to be loyal to my Local Chapter and to the Grand Chapter of the State of Oklahoma and its Jurisdiction.

Member Signature \_\_\_\_\_

SSAN \_\_\_\_\_

**BENEFICIARY INFORMATION (Must be 18 yrs or older)**

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

Address \_\_\_\_\_

City/State/Zip-APO/FPO \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip-APO/FPO \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip-APO/FPO \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_