M.W. Prince Hall Grand Lodge F.&A.M., P.H.A.
Jurisdiction of Oklahoma

PETITION

M.W. Prince Hall Grand Lodge F.&A.M., P.H.A.
Jurisdiction of Oklahoma
P.O. Box 14010
Oklahoma City, OK 73140
Ofc: 918-683-3123 Fax: 918-687-4845
email: mwglok@suddenlinkmail.com
Website: www.mwglofokpha.com

OKLAHOMA JURISDICTION F. & A. M. PETITION

Date: _____
mm/dd/yyyy

TO THE WORSHIPFUL MASTER, OFFICERS AND MEMBERS OF:

Lodge Name & No.: _____

Located: _____

The petition of the subscriber respectfully represents that having long entertained a favorable opinion of your Ancient and Honorable Institution, he is desirous, if found worthy, of being admitted a Member thereof. He promises a cheerful compliance with the Constitution, Laws, Rules, Ancient Customs and Regulations of the said lodge and the Masonic Institution. He further agrees that this application is a part of his contract with the Most Worshipful Prince Hall Grand Lodge, F. & A. M., of Oklahoma, when the same has been approved by the proper Grand Lodge Officers and a Certificate issued to him. He further agrees, that his membership in the Order is not complete and no liability or responsibility on the part of the Grand Lodge or the said Local arises until this application has been approved by the proper Grand Lodge Officers and he has been initiated into the secrets on Masonry and his name duly enrolled on the proper records of the Grand Lodge and Certificate issued.

1. Official Name: _____ SSN: _____
2. Permanent Home of Record Address: _____
3. Date of Birth (mm/dd/yyyy): _____ Current Age: ____
4. Have you ever had an application to a Masonic Lodge rejected? Yes: ☐ No: ☐
5. If yes; Name of Lodge: _____ Date: _____
6. Has any physician prescribed treatment for you in the last two years? Yes ☐ No ☐
7. Do you use alcoholic beverages to excess? Yes: ☐ No: ☐
8. Do you use illegal drugs/narcotics? Yes: ☐ No: ☐
9. Are you in good health? Yes: ☐ No: ☐
10. Have you ever been convicted of a felony? Yes: ☐ No: ☐. If yes, specify date and explain (use additional sheet if necessary) _____

NOTE: DESIGNATED BENEFICIARY MUST BE 18 YEARS OR OLDER

11. Beneficiary **(18+):** _____ Relationship: _____
    Age: ___; Address: _____

I certify and warranted the above answers to be true, correct and agree that the same shall form a part of my application for membership in your Ancient and Honorable Society. I further covenant and agree that in the event of my answers given above to be false or untrue, whether known to me or not, neither I nor my beneficiary, heirs or legal representatives, shall assert any claim to any Relief Benefits of the Society. The liability of the Society in such event shall be limited to a refund of the Relief Assessments actually paid by me.

Recommended By: (Two current Members' names & signatures other than Investigating Committee):

Name: _____ Signature: _____
PRINTED NAME OF MEMBER

Name: _____ Signature: _____
PRINTED NAME OF MEMBER

Signature of Applicant _____

Rev 5/20

Certificate No. _____ Date Received in Office: _____

FILL IN THE FOLLOWING SPACES IN CASE OF REINSTATEMENT
(To be completed by Oklahoma Jurisdiction Members only)

(CHECK ONE)

I was raised ☐ or demitted ☐ into Oklahoma Lodge _____
NAME OF LODGE

No. ___ Located: _____

In the month of _____, Year _____. My age at the time was

Last Lodge Affiliated with: _____

Date of last dues payment (mm/dd/yyyy): _____

Location & Jurisdiction of Lodge: _____

Member's Signature: _____ Date: _____
mm/dd/yyyy

REPORT OF THE INVESTIGATING COMMITTEE

(Check one; either NEW, REINSTATED, HEALED or DEMIT)

(CHECK ONE)

NEW ☐ REINSTATE ☐ HEALED ☐ DEMIT ☐

The three undersigned – your Investigating Committee Members – to whom was referred the petition of: _____, praying to become a Member of this Lodge, state that they have made the necessary inquiries regarding his habits, moral character and standing and recommend that he be: ACCEPTED ☐ ; REJECTED ☐

REQUIRES THREE NAMES & SIGNATURES OTHER THAN THE TWO DOING THE RECOMMENDATION

1. **Name:** _____ **Signature:** _____
2. **Name:** _____ **Signature:** _____
3. **Name:** _____ **Signature:** _____

Phone: _____ HOME; _____ WORK; _____ CELL

Email: _____

Date Due To Depart Overseas Area/State/Territory (If applicable): _____
mm/dd/yyyy

EA: _____ ; FC: _____ MM: _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Date Healed: _____ Date Demit in from another Jurisdiction: _____
mm/dd/yyyy mm/dd/yyyy