

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 2348  
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**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 \_\_\_\_\_

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