

(Please type or print)

Full Name _____ FIRST _____ MIDDLE _____ LAST _____ PREFERRED NAME _____
 Date of Birth _____ Birthplace _____
 Home Address _____
 City/State/Zip _____
 Employer (Firm Name) _____ If Retired, what type of Business? _____
 Occupation (Please be specific) Type _____ Position _____
 Phone _____ Bus. _____ Cell _____ Email _____
 Recommended By _____ ID Number _____
 Recommended By _____ ID Number _____
 Spouse's Name _____

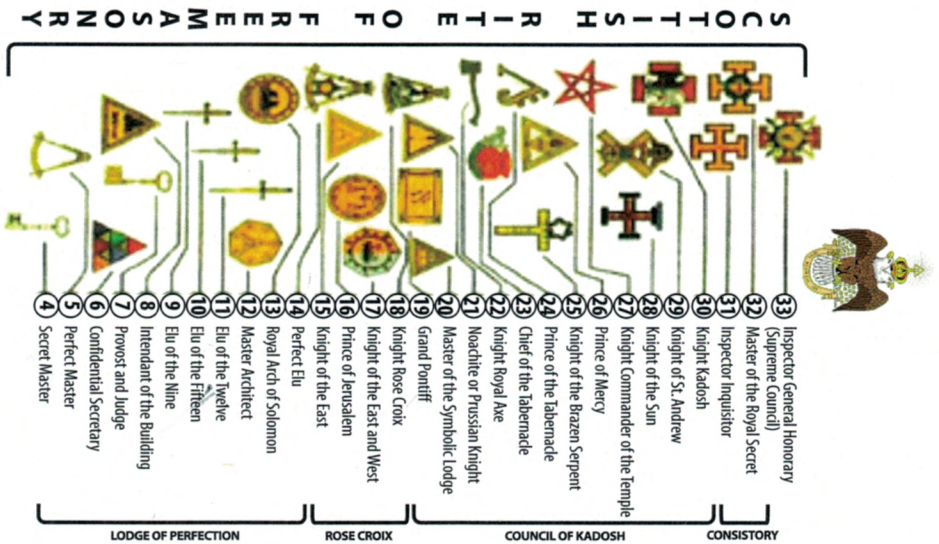
I am a Master Mason in Good Standing in _____
 Lodge Number _____
 Located at _____

 under the jurisdiction of the Grand Lodge of _____
 Signature _____
 (in full)

To the Officers and Members of Joplin Lodge of Perfection, Joplin Chapter of Rose Croix, Joplin Council of Kadosh, and Joplin Consistory of the Ancient and Accepted Scottish Rite of Freemasonry, located at Joplin, Missouri: I the undersigned, respectfully petition to receive the Scottish Rite Degrees 4° thru 32° and hereby certify to the following:

Do you promise to bear true Faith and Allegiance to the Supreme Council, 33° S.J. U.S.A.? Yes No
 Do you approve of "the inculcation of patriotism, respect for law and order, undying loyalty to the principles of civil and religious liberty and the forbearance of a state-sponsored religion, principles embodied by the Founding Fathers of the United States of America?" Yes No
 Have you ever held or expressed opinions contrary to the foregoing or been affiliated with any organization that has? Yes No (If you answer "Yes" to this question, give details on a separate sheet.)

MAIL COMPLETED PETITION TO: SCOTTISH RITE VALLEY OF JOPLIN, 505 S. BYERS, JOPLIN, MO 64801 • 417-623-3219



REUNION DATES

- Two Day Spring Reunion**
3rd Fri. & Sat. in March
- One Day Summer Reunion**
in August
- Two Day Fall Reunion**
4th Fri. & Sat. in October

✓ \$ _____ **Basic Initiation Fee**

\$ _____ **14° Ring Pyramid**

\$ _____ **32° Cap**

\$ _____ **32° Cap Case**

\$ _____ **32° Jewel**

\$ _____ **Master Craftsman Course**

\$ _____ **Morals and Dogma**

Total Submitted Fees \$ _____