

To the Worshipful Master, Wardens and Brethren

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lodge No. \_\_\_\_\_**

Working under a regular unforfeited Charter from the M.W. Prince Hall Grand Lodge of Hawaii and Jurisdiction F. & A.M.

The subscriber respectfully represents that, entertaining a favorable opinion of the Ancient and Honorable Society of Free and Accepted Masons, and being unbiased by friends and uninfluenced by mercenary motives, he hereby freely and voluntarily petitions to receive the degrees in the above named Lodge, and to become a member thereof.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years in state \_\_\_\_\_\_\_\_\_\_\_\_\_\_

And if the prayer of the petition is granted, he promises a cheerful obedience to the laws and regulations of the Lodge, and a full compliance with the usages and customs of the fraternity.

8. Are you a member of any other fraternal

organization? \_\_\_\_\_\_\_\_\_

9. Is this application made voluntarily? \_\_\_\_\_\_\_\_\_

10. Have you ever been rejected \_\_\_\_\_\_\_\_\_

membership in a Masonic Order?

11. Have you ever petitioned a Masonic

Order for membership before? \_\_\_\_\_\_\_\_\_

12. Are you employed at this time? \_\_\_\_\_\_\_\_\_

13. Have you answered all questions \_\_\_\_\_\_\_\_\_

truthfully and to the best ability?

1. Do you believe in a Supreme Being? \_\_\_\_\_\_\_\_\_

2. Have you ever been a substance abuser

(Alcohol / Drugs)? \_\_\_\_\_\_\_\_\_

3. Have you been convicted of a felony? \_\_\_\_\_\_\_\_\_

4. Have you been Hospitalized for Mental Illness, or are Physically Disabled? \_\_\_\_\_\_\_\_\_

5. Are you afflicted with any terminal illness

that you know of? \_\_\_\_\_\_\_\_\_

6. Are you married, if so will you show your

marriage certificate? \_\_\_\_\_\_\_\_\_

7. Are you a U.S. citizen? If not what

country are you a citizen? \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS**

**Dated this\_\_\_**\_\_\_, **day of** \_\_\_\_\_\_\_\_\_ **20**\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign Name in Full**

**Name of Wife or Near Relative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECOMMENDED BY:**

(Three Master Masons in Good Standing)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received by Lodge?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount paid with Petition?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED BY MWPHGL of Hawaii dated 04 Mar 2012**  **(Front)**

# MEDICAL STATEMENT

Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has petitioned to become a member of this Fraternity:

Please Print

Do you find this individual physically fit to earn a livelihood? \_\_\_\_\_\_\_\_\_\_\_\_

Is he afflicted with any terminal illness that you are aware of? \_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physicians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physicians Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print

**TO THE WORSHIPFUL MASTER, WARDENS AND BRETHREN OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lodge No. \_\_\_\_\_ PRINCE HALL F. & A. M.**

**JURISDICTION OF HAWAII, Inc.**

**THE INVESTIGATION COMMITTEE FINDS THE PETITIONER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name in Full

FAVORABLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNFAVORABLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMITTEE MEMBERS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Reported\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **20**\_\_\_\_\_\_\_\_

### ACTION TAKEN BY LODGE

Date Petition received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Ballot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initiation\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Passing \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Raising \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Lodge Secretary, Date Signature of Worshipful Master, Date**

**\*\*\*LODGE SEAL HERE\*\*\***

**APPROVED BY MWPHGL of Hawaii dated 04 March 2012**  **(Back)**