



TO THE WORSHIPFUL MASTER, WARDENS AND BRETHREN OF

_____ LODGE NO. _____ OF _____, RHODE ISLAND

PRINT Full Name: (First, Middle, Last) _____

Current Address: _____

Address

City

State

Zip

You declare that you are a Master Mason in Good Standing as a member of a recognized Lodge of Master Masons, or demitted from a recognized Lodge within the last twelve months, applying for Affiliation with a Lodge in Rhode Island. Please complete the details below.

Email: _____ Home Phone: _____

Cell Phone: _____ Years at Current Address: _____ If Less Than 2, give

Previous Address: _____

Date of Birth: ____/____/____ Current Age: _____ Place of Birth: _____
Mo Day Year

AFFILIATIONS FROM WITHIN RHODE ISLAND GRAND JURISDICTION

Mother Lodge _____

Your RI Membership ID (on your dues card) _____

AFFILIATIONS FROM OUTSIDE RHODE ISLAND GRAND JURISDICTION

RI Secretary please refer the Out of State Application to the Grand Secretary for validation.

Mother Lodge _____

The Grand Lodge to which your Mother Lodge belongs _____

Your Membership ID _____