

APPLICATION
For Membership
MISSOURI ASSOCIATION OF PAST COMMANDERS
KNIGHTS TEMPLAR OF THE STATE OF MISSOURI

*To the Officers, and Sir Knights of
the Missouri Association of Past Commanders*

SIR KNIGHTS: I, the undersigned, do hereby apply for membership in the Missouri Association of Past Commanders. If elected, I promise a cheerful compliance with the Constitution, Laws, Rules and Customs of the Association, and faithfully promise not to unlawfully reveal the secrets of the Association, even though as a result of such actions my membership therein may cease.

Full Name: _____ My Age: _____

Place of Birth: _____, _____ Date of Birth: ____/____/____

Address: _____ Occupation: _____

City: _____ State: _____ Zip+4: _____ - _____

Phone: (____) _____ - _____ Email: _____@_____

I am now a member in good standing of:

_____ Lodge No. _____ A.F.&A.M., State of _____

_____ Chapter No. _____ R.A.M., State of _____

_____ Council No. _____ R.&S.M., State of _____

_____ Commandery No. _____ K.T., State of _____

I was regularly elected and installed Commander of _____

Commandery No. _____, K.T., located at _____

for the year _____.

Date: ____/____/____

(Sign Name in Full)

Vouched for and recommended by: (**PRINT NAMES**)

Past Commander

Past Commander

Application to be accompanied by a fee of \$20.00 in advance which will secure for you a membership card and Association Jewel.

MAIL APPLICATION TO:

David R. Phillips
Secretary/Treasurer
1319 W Lindberg St
Springfield MO 65807
(417) 434-5449
david@davidrphillips.org

Date Returned

\$20.00 fee must accompany this petition.

Chk #: _____ Date: ____/____/____

Make Checks payable to: Missouri Association of Past Commanders