

CHAPTER PETITION FOR MULTIPLE MEMBERSHIP/AFFILIATION TO TRANSFER

To the High Priest, King, Scribe, and Companions of _____ Chapter No. _____, located at _____, Missouri:

I fraternally petition to become a Multiple Member of your Chapter. If elected, I promise to confirm to all the laws and practices relative to Multiple Membership of the Grand Chapter of Missouri.

In petitioning for Multiple Membership, I understand and agree that this membership shall be wholly contingent upon my "Original Membership" in a duly constituted chapter under the Grand Chapter of Missouri, or under a Grand Chapter which is in fraternal relationship with this Grand Chapter and which lawfully permits Multiple Membership.

I further agree to pay the annual dues of the chapter in which I hold Multiple Membership.

I acknowledge that suspension for non-payment of dues or otherwise, or expulsion shall immediately, and of itself, terminate my membership as a Multiple Member in all chapters in the Grand Jurisdiction of Missouri.

I further acknowledge that I am subject to discipline by any chapter of which I may be a member and that my membership in all bodies of the York Rite is dependent upon my status in good standing of the chapter of "Original Membership" and of the chapter(s) in which I hold "Multiple Membership."

I further acknowledge and agree that I may terminate my "Original Membership" by dimission and/or my "Multiple Membership" by withdrawal; that I will make my request in writing, or in person at a stated convocation, for the Certificate of Dimission from "Original Membership" or the Certificate of Withdrawal of "Multiple Membership" to the chapter wherein such membership is held.

I am now a member in good standing in the following Chapter(s):

_____ located at _____
Chapter Name and Number City State
_____ located at _____
Chapter Name and Number City State
_____ located at _____
Chapter Name and Number City State

I was born at _____ Birth Date _____
City State

My residence address is _____
City State Zip Phone

My occupation is that of _____
(Designate Specifically)

Name of Firm Address City State Zip Phone

Printed Name Signature of Petitioner (Full Name)

Dated at _____ this _____ day of _____, 20____

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