



**MOST WORSHIPFUL UNION GRAND LODGE  
MEMBERSHIP CANDIDATE INFORMATION FORM**



NAME \_\_\_\_\_  
LAST FIRST MIDDLE (FULL)

LIST ANY ALIASES \_\_\_\_\_  
(SEPERATE MULTIPLE ALIASES BY COMMAS)

DATE OF BIRTH \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ SS# \_\_\_\_\_  
MM/DD/YY LAST 4 DIGITS

HOME ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

IF LESS THAN (6) MONTHS, LIST ON LINE BELOW YOUR PREVIOUS ADDRESS

ADDRESS \_\_\_\_\_

**==== Info above will be used by background screening committee - Info below will be used by the local lodge investigation committee =====**

MARITAL STATUS \_\_\_\_\_ HOW LONG \_\_\_\_\_

OCCUPATION \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CURRENTLY EMPLOYED BY \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WHO RECOMMENDED YOU OR WILL VOUCH FOR YOUR CHARACTER? \_\_\_\_\_

DO YOU HAVE ANY FAMILY MEMBER(S) THAT IS/ARE A MASON(S)? \_\_\_\_\_

NAME OF FAMILY MEMBER(S) \_\_\_\_\_  
(SEPERATE MULTIPLE NAMES BY COMMAS)

DO YOU BELIEVE IN GOD? \_\_\_\_\_

WHAT CHURCH ARE YOU A MEMBER OF? \_\_\_\_\_

CURRENT HEALTH STATUS? CIRCLE ONE! EXCELLENT GOOD FAIR POOR

DO YOU HAVE ANY PHYSICAL INJURIES? IF YES EXPLAIN! \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES EXPLAIN! \_\_\_\_\_

HAVE YOU EVER BEEN DECLARED MENTALLY INCOMPETENT? \_\_\_\_\_

PHYSICALLY, ARE YOU A MAN OR OTHER? \_\_\_\_\_

**A \$20.00 PROCESSING FEE MUST ACCOMPANY THIS QUESTIONNAIRE, THE FEE IS NON-REFUNDABLE. LODGE CHECKS, CASHIERS CHECKS, OR MONEY ORDERS ONLY. NO PERSONAL CHECK ACCEPTED.**

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**By Signing this form the applicant acknowledges the following:**

**All information submitted is true and accurate. The applicant authorizes the Most Worshipful Union Grand Lodge to conduct a legal and professional background check for membership consideration.**

**Instructions: The applicant is to return the completed form with payment to the Lodge. The Local Lodge is to make a copy for its records. The original is to be forwarded along with the fee to the Most Worshipful Union Grand Lodge.**

**To Be Completed by the :**

**Worshipful Master Name \_\_\_\_\_ (Please Print) Masonic Zone # \_\_\_\_\_ District # \_\_\_\_\_**

**Worshipful Master Contact Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Lodge Name \_\_\_\_\_ # \_\_\_\_\_**