Petition for Affiliation for 2017 Ancient & Accepted Scottish Rite of Freemasonry



Sign Name _____Address _____

City/State/Zip ____

Valley of Jacksonville • Orient of Florida

965 Hubbard Street · Jacksonville, Fl 32206 Phone: (904)355-7633 Fax: (904)355-7443 **2017 Dues**

	web: aasrvali	eyorJax.com	\$90.00	
We accept major Credit Ca	ards and Debit Cards • Make Check	payable to SCOTTISH RITE TEMPL	E	
Dated at		Florida on	, 20	
T 11 OCC 114		- P		
	embers of the Jacksonville	Bodies:		
I the undersigned, certify that I ar	n a Master Mason in good standing in			
			Lodge No	
Under the Grand Lodge of				
Name (Print)				
(First)	(Middle)	(Last)		
Address				
(Street)	(City, State)	(Zip C	(Zip Code)	
Home Phone ()	Business Phone ()	Occupation		
Email:				
Retired from	e rank/orade)			
Date of Birth/ Pla	ace of Birth			
If married wife's name	A	Are you a citizen of the United States of A	merica? Ves No	
			1,0	
Name of your Consistory/Lodge	of Perfection			
Orient		Valley		
Signature of petitioner (Full Na	ime)			
	My Personal Request for Demi	t or Certificate of Good Standing		
To the Officers and Members o	f	9	Date:	
Brethren,	SVCONNUTLE COOTTICLE DITTE DODGES ()	because the Florida and T. U Co		
it is my desire to affiliate with the JAC		ksonville, Florida and I, therefore, request that	ou issue a	
D ' (N	() DEMIT () CERTIF	FICATE OF GOOD STANDING		
Print Name				

