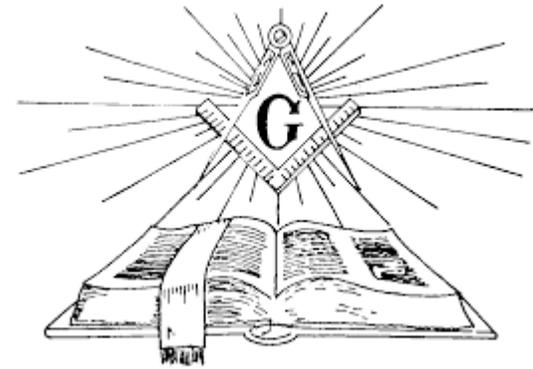


**Most Worshipful Prince Hall Grand Lodge,
Virgin Islands, F. & A. M. & Its Jurisdiction**



Petition

_____ Lodge No. _____



A. D. , 20 ____, A. L., 60 ____

TO THE WORSHIPFUL MASTER, WARDENS AND MEMBERS OF LODGE

No. ____, Location _____

The petition of the subscriber respectfully represents that having long entered a favorable opinion of your ancient and honorable institution, he is desirous, if found worthy, of being admitted a member thereof. He promises a cheerful compliance with the constitution, laws, rules, ancient customs and regulations of the said lodge and the Masonic Institution. He further agrees that this application is a part of his contract with the Most Worshipful Prince Hall Grand Lodge, Virgin Islands, F. & A. M. and Its Jurisdiction, when the same has been approved by the proper Grand Lodge Officers, and a certificate issued to him. He further agrees, that his membership in the order is not complete and no liability or responsibility on the part of the Grand Lodge arises until this application has been approved by the proper Grand Lodge Officers and he has been initiated into the secrets of masonry and his name duly enrolled on the proper records of the Grand Lodge and certificate issued.

1. Name: _____
2. Permanent Address: _____
3. DOB (MM/DD/YYYY): ____/____/____ 4. Age: ____
5. Have you ever had an application to a Masonic Lodge rejected: YES ___ NO ___
6. If so what lodge: _____
7. Has any physician prescribed treatment for you in the last 2 yrs.: YES ___ NO ___
8. Have you ever had a surgical operation: YES ___ NO ___ if yes what _____
9. Have you ever suffered from a disease of the heart ___ Kidney ___ Stomach ___ Lung ___ asthma ___ or any other serious ailment? High blood pressure ___
10. Has any member of your family been afflicted with tuberculosis: YES ___ NO ___
11. Have you ever been treated for sugar or albumen in your urine: YES ___ NO ___
12. Do you use alcoholic liquors to excess: YES ___ NO ___ Narcotics or other drugs: YES ___ NO ___
13. Has your blood pressure ever been found to be below or above normal: YES ___ NO ___
14. Are you now in good health: YES ___ NO ___
15. Have you ever been convicted of a felony: YES ___ NO ___ if yes, specify date and explain: _____

I HEREBY DESIGNATE AS MY BENEFICIARY: _____
RELATIONSHIP _____ **AGE** _____

ADDRESS: _____
*****NOTICE BENEFICIARY MUST BE 18 YRS. OR OLDER*****

I certify and warranted the above answers to be true, correct and agree that the same shall form a part of my application for membership in your ancient and honorable society. I further covenant and agree that in the event of my answers given above are false or untrue, whether known to me or not, neither I nor my beneficiary, heirs, or legal representatives, shall assert any claim to any Relief Benefits of the society. The liability of the society in such event shall be limited to a refund of the Relief assessments actually paid by me.

Recommended by: _____, _____

Certificate No.: _____ **Date Received in Office:** _____

Fill in the following spaces in case of Reinstatement (By members of M.W.P.H.G.L., Virgin Islands, F.& A M. & Its Jurisdiction only).

Name: _____

I was raised or demitted into M.W.P.H.G.L. of the Virgin Islands & Its Jurisdiction Lodge _____ No. _____ at _____

In the month of _____ YR _____. My age at that time was _____

Last Lodge Affiliated with _____

Last time dues paid? _____

Member Signature _____

Report of Investigation Committee

(Must be completed on New, Reinstated, or Demit member)

The undersigned, your committee to whom was referred the petition of _____ praying to become a member of this lodge, state that they have made necessary inquiries respecting his habits, moral character and standing, and recommend that he be

ACCEPTED/REJECTED

Home Phone: _____

Cell Phone: _____

Email: _____

EA _____ FC _____ MM _____