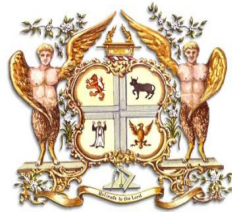


***Rev. Joseph T. Thornton Most Excellent
Prince Hall Grand Chapter,
Holy Royal Arch Masons (PHA)
(Jurisdiction of Oklahoma)
PO Box 102
Muskogee, Ok. 74401-0102***



PETITION

for

MEMBERSHIP



**Rev. Joseph T, Thornton Most
Excellent Prince Hall Grand Chapter,
Holy Royal Arch Masons (PHA)
(Jurisdiction of Oklahoma)
PO Box 102
Muskogee OK 74401-0102**



PETITION for MEMBERSHIP
(Please Print Legibly or Type)

Date _____

To the Officers and Members of the Reverend Joseph T. Thornton Most Excellent Prince Hall Grand Chapter of Holy Royal Arch Masons (HRAM) and the Officers and Members of _____ HRAM Chapter No. _____.
Being anxious to receive the degrees of **MARK MASTER, PAST MASTER, MOST EXCELLENT MASTER** and **ROYAL ARCH** in Free Masonry. I make the following statement upon my Masonic Honor that I am a Master Mason in good standing with my Ancient Craft Lodge. I have attached a fee of \$ _____ to accompany my petition.

Lodge Name:		No:	
Address			
City/State/Zip/APO/FPO			
Full Name			
DEROS:			
Address			
City:		State:	Zip Code:
Birth Date:	Month:	Date:	Year:
Home Phone #:		Cell Phone #:	
If I am accepted, I promise to be loyal to my Local Chapter and to the Grand Chapter, of the State of Oklahoma and its Jurisdiction.			
Signature: _____			

RECOMMENDED BY:				
Companion				
Companion				
CHAPTER INFORMATION:				
Chapter Name				No.
Address:				
City:	State:	Zip:	APO	FPO
HOME OF RECORD:				
Name:				
Address:				
City:	State:	Zip:	APO	FPO

MASONIC BENEFIT ASSOCIATION

I _____, request to become a member of _____
_____ Chapter HRAM No. _____, located at _____ do hereby designate my beneficiaries as follows:

Primary Beneficiary:				
Name:		Relation:		Age:
Address				
City:	State:	Zip Code		
Home Phone #:		Cell Phone #:		
Secondary Beneficiary:				
Name:		Relation:		Age:

Address		
City:	State:	Zip Code
Home Phone #:	Cell Phone #:	
<i>Tertiary Beneficiary:</i>		
Name:	Relation:	Age:
Address		
City:	State:	Zip Code
Home Phone #:	Cell Phone #:	

In accordance with (IAW) the Constitution and Bylaws of the Grand Chapter, any benefit due to my estate shall be paid to my primary designated beneficiary. In such case as my primary beneficiary is deceased or no longer qualified to receive my benefit, the procedures established IAW said Constitution and Bylaws shall be followed. I fully understand that any beneficiary named by me must be at least eighteen (18) years of age to qualify to receive my benefit. I further state that any certificate or instrument presented designating any other person(s) as my beneficiary shall be considered as null and void. I also acknowledge that my failure to update this form when changes occur may result in my benefit being paid to an individual designated on a previous form(s) and that only the most current signed form will be used. In the event that no beneficiary is designated, benefit may be applied to the funeral home toward burial expenses or retained in HRAM Burial Account if none of the above shall apply.

After giving careful consideration to my option to select the beneficiary of my choosing, I have decided to make a completely different selection to donate my benefit to. My selection is to designate my benefit to go the Funeral Home taking care of my home-going arrangements, my Holy Royal Arch Chapter, the Grand Chapter of Holy Royal Arch Masons or other. I make this choice with a clear conscience and good intention.

<i>Funeral Home:</i>		
Name:		
Address:		
City:	State:	Zip Code:
Primary Phone #:	Secondary Phone #:	

<i>Local HRAM Chapter:</i>		
Name:		
Address:		
City:	State:	Zip Code
Primary Phone #:	Secondary Phone #:	

<i>Grand HRAM Chapter:</i>		
Name:		
Address:		
City:	State:	Zip Code:
Primary Phone #:	Secondary Phone #:	

<i>Other:</i>		
Name:		
Address:		
City:	State:	Zip Code:
Primary Phone #:	Secondary Phone #:	

