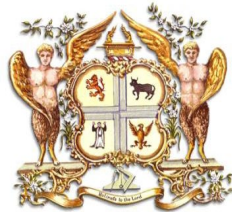


***Rev. Joseph T. Thornton Most Excellent
Prince Hall Grand Chapter,
Holy Royal Arch Masons (PHA)
(Jurisdiction of Oklahoma)
PO Box 102
Muskogee, Ok. 74401-0102***



***CHANGE
of
BENEFICIARY***



**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:



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CHANGE of BENEFICIARY
(Please Print Legibly or Type)

Date _____

I _____, a Companion of _____ Chapter HRAM No. _____, located at _____ do hereby designate my beneficiaries as follows:

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

Funeral Home:			
Name:			
Address:			
City:		State:	Zip Code:
Primary Phone #:		Secondary Phone #:	

Local HRAM Chapter:			
Name:			
Address:			
City:		State:	Zip Code
Primary Phone #:		Secondary Phone #:	

Grand HRAM Chapter:			
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Name:		
Address:		
City:	State:	Zip Code:
Primary Phone #:	Secondary Phone #:	

Other:		
Name:		
Address:		
City:	State:	Zip Code:
Primary Phone #:	Secondary Phone #:	

NOTE: This form is to be reproduced in three copies. The original plus one is to be sent to the Grand Chapter with the other being retained in the Chapter archives. The petitioner may retain a copy for himself, if desired.

While there is a change of beneficiary form available, this form can also be used as an optional resort; however, the change of beneficiary form is preferred. The same procedures shown above will still apply.

EMERGENCY*CONTACT***INDIVIDUAL**

This section is of the utmost importance as it provides us with a means to contact you no matter where you may live. It also allows you to be able to contact us at any time. Many Companions often leave a particular location and they have every intention to maintain contact with their Chapter. They arrive at their new location and become involved with another activity and soon forget about their past affiliation with their old Chapter. They soon realize that they don't know where anybody is or how to contact the old Chapter. This is why we request you demit to the Grand Holding Chapter so that you may have a means to contact us and we can likewise contact you. This information will allow us to expedite information that you require concerning your past history with the Holy Royal Arch. Our contact information is as follows:

Dewitt S. Rowland Grand Holding Chapter # 333 Email <http://www.rjttgchramofok.com/rev-joseph-t-thornton.html>
 PO Box 102
 Muskogee, Ok. 74401-0102

We would like to have you provide us with a contact of a relative who will always know where you are located. We will maintain this information on file until or unless you inform us to destroy it. We will always maintain your confidentiality unless you inform us otherwise.

Name _____ Relation _____
 Address _____ Email Address _____
 City _____ State _____ Zip Code _____
 Home Phone # _____ Cell # _____

NOTE: It shall be the responsibility of all Companions to review their petition as necessary and update any changes that may have occurred since the form was initially completed. Any changes in marital status or death of a beneficiary should be made to prevent conflict in the event of your untimely demise. You are encouraged to make your wishes known to your local Chapter and to the Grand Chapter using this Change of Beneficiary Form. You should make those changes as soon as you become aware that a situation has occurred that may have an impact on your designated beneficiaries.

DEROS: _____

Companion's Signature	_____	/	_____
			Date
EHP's Signature	_____	/	_____
			Date
Secretary's Signature	_____	/	_____
			Date

(Chapter Seal)