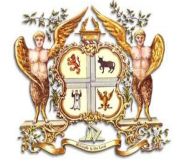




**Rev. Joseph T, Thornton Most
Excellent Prince Hall Grand Chapter,
Holy Royal Arch Masons (PHA)
(Jurisdiction of Oklahoma)
PO Box 3666
Broken Arrow, OK 74013-3666
DUES EXEMPTION REQUEST**



Date: _____

Companion's Name:			
Companion's Address:			
City:		State:	Zip Code:
Home Phone #:		Cell Phone #:	
Chapter Name:			
Chapter Location:			
Purpose for Exemption Request			
Illness:	Distress:	Lifetime Member:	Other:
Has the Chapter contributed to this Companion's relief?			Yes: No:
Describe conditions that warrant approval of this request:			
Is Companion's condition permanent?			Yes: No:
Recommended by Companion(s)			
Investigation Committee's Report			
Should Report be:			
Approved:	Disapproved:	Returned for Additional Information:	
Investigator's Signature(s)			

Use reverse side of form if more space is needed to complete this report.

Attest:

Secretary

Excellent High Priest

Attest:

Committee Chairman

MEGHP

(SEAL)