Petition for Degrees

ANCIENT ACCEPTED SCOTTISH RITE

NORTHERN MASONIC JURISDICTION, U.S.A
VALLEY OF DANVILLE, IL.

To the Officers and Members of: Date_____, 20_____

DANVILLE LODGE OF PERFECTION, 14°
WALTER A. STEVENS COUNCIL, PRINCES OF JERUSALEM, 16°
GEORGE E. BUROW CHAPTER OF ROSE CROUIX, 18°
DANVILLE CONSISTORY, S.P.R.S., 32°

I, the undersigned hereof, respectfully show I am desirous of being admitted a member of your honorable Body, and request that I may be received among you, and that I will ever pray for the prosperity and glory of the Fraternity and the welfare of the brethren.

In making this application, I promise on my word of honor, that should I be elected and become a member of your honorable Body, I subscribe to the following:

I will bear true faith, allegiance, and fealty to the Supreme Council of Sovereign Grand Inspectors-General of the Thirty-third and Last Degree of the Ancient Accepted Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, and will support and abide by its Constitution, Orders and Decrees; that I will hold allegiance to the said Supreme Council and be loyal thereto, as the supreme authority of the Rite within the Northern Masonic Jurisdiction of the United States of America; will hold illegal and spurious every other Body that may be established within its Jurisdiction, claiming to be a Supreme Council; and every other Body of said Rite within the same Jurisdiction that does not hold its powers from said Supreme Council and will hold no communication whatever in Scottish Rite masonry with any member of the same nor allow him to visit any Body of the Rite of which I may be a member; and I will dispense justice to my brethren according to the laws of equity and honor; and should I violate this, my solemn vow and pledge, I consent to be expelled from Scottish Rite masonry, and all rights therein and in any Body of the Rite, and to be denounced to every Body of the Ancient Accepted Scottish Rite in the world as a traitor and forsworn.

Name in full (No Initials) PRINT_____
First Middle Last

Place of Birth (City and State or Country) _____ Birth Date _____

Wife's Name _____ Email Address _____

Residence Address _____ Phone: _____
Street City State Zip

Have resided in residence place since _____ Have resided in Illinois since _____

Occupation_____ By Whom Employed _____
State Specifically and in Detail Give Name of Company

Business Address_____
Street City State Zip Phone

Have you ever before petitioned for any degrees in the Scottish Rite in any other Valley and been accepted or rejected? _____ (Yes or No)

Received Degree of Master Mason in _____ Lodge No. _____

A.F. & A.M. located at _____ On _____
Month, Day, Year

I am now a member of _____ Lodge No. _____ A.F & A.M. located at _____

I have personally read the foregoing petition and in testimony of my full understanding thereof, have with my own hand affixed my name

hereto: Signature must be IN FULL - NO INITIALS. SIGN _____
First Middle Last

WE HEREBY CERTIFY THAT WE HAVE EXAMINED THE SYMBOLIC LODGE DUES CARD OF THE PETITIONER. RECOMMENDED BY:

PLEASE PRINT NAME:	SIGNATURES	PHONE NO.

$150.00 FEE PLUS ANNUAL DUES
MINIMUM FIFTY DOLLARS MUST
ACCOMPANY THIS PETITION.

SCOTTISH RITE BODIES OF DANVILLE
PO BOX 693
DANVILLE, IL 61834

(217) 446-7620
(800) 917-2277

Make Checks payable to:
A.A.S.R.

Received Amount $ _____ Check # _____ Cash Receipt #_____

Telephone for the Valley office is (217) 446-7620

$150.00 Fee

Spaces below are for the OFFICE USE ONLY

Name_____

Street_____

City, State and Zip _____

Symbolic Lodge _____

Occupation_____

Birth Date _____

Received with Petition

Valley of Danville Dates Conferred

Bookends Concept

4°	_____	__	_____	__	_____
__	_____	__	_____	__	_____
__	_____	__	_____	__	_____
__	_____	__	_____	__	_____
__	_____	__	_____	32°	_____

COMMITTEE REPORT

We, the undersigned, herby recommend this petition for Degrees be:

Accepted _____ Rejected _____

Objected _____ Withdrawn _____

On this Date: _____

Comments: _____

_____

Fee Returned Date _____ Check Number _____

_____

_____

_____