

# Petition for Affiliation

<input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Plural	} Check applicable box
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To the Master, Wardens, and Brethren of \_\_\_\_\_ Lodge No. \_\_\_\_\_  
 \_\_\_\_\_ A.F. & A.M., \_\_\_\_\_, Iowa:

I fraternally represent that on or about \_\_\_\_\_, I was made a Master  
*(Month/Day/Year)*

Mason in \_\_\_\_\_ Lodge No. \_\_\_\_\_, located in \_\_\_\_\_,  
 and chartered by the Grand Lodge of \_\_\_\_\_. I was last a member of \_\_\_\_\_  
 Lodge No. \_\_\_\_\_, located at \_\_\_\_\_.  
*\*but was regularly demitted therefrom*  
*\*and am still a member thereof*

My birthdate is \_\_\_\_\_, I was born at \_\_\_\_\_,

State of \_\_\_\_\_. I have resided in Iowa since \_\_\_\_\_.

My occupation is that of a \_\_\_\_\_.

I am employed by \_\_\_\_\_ at \_\_\_\_\_.

My mailing address is: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_.

My phone number is \_\_\_\_\_. My e-mail address is \_\_\_\_\_.

Dated at \_\_\_\_\_, on \_\_\_\_\_.  
*(City) (Month/Day/Year)*

\_\_\_\_\_  
*(Sign Full Name)*

Recommended and vouched for as a Master Mason by \_\_\_\_\_  
 \_\_\_\_\_ } Members of lodge applied to.  
*(Please PRINT First/Middle/Last Name)*

Note: Cancel one of the lines marked (\*) according to the facts in the case.

## REPORT OF INVESTIGATING COMMITTEE

We certify that we have carefully investigated the qualifications of the petitioner and recommend

Signatures of Committee:

NOTE: — As, under the law, the report of the Investigating Committee must not be placed on record, this report should be detached and destroyed immediately after the ballot is taken on the petition.

Election	_____	_____
No Election	_____	_____
Election	_____	_____
No Election	_____	_____
Election	_____	_____
No Election	_____	_____

# Application for Demit

To the Masters, Wardens, and Brethren of \_\_\_\_\_ Lodge No. \_\_\_\_\_,  
 A.F. & A.M., \_\_\_\_\_, Iowa.

I fraternally represent that I am a member of the above named lodge and that I am desirous of terminating my membership therein. Having complied with the requirements of the Masonic Code of Iowa, I ask that a demit be granted to me.

Dated at \_\_\_\_\_ on \_\_\_\_\_.  
*(City) (Month/Day/Year)*

\_\_\_\_\_  
 (Sign Full Name)

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**Petition for Affiliation**

**of**

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*(Address)*

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**Received at Stated Communication**

Dated \_\_\_\_\_

**Action Taken at Stated Communication**

Dated \_\_\_\_\_

Result: \_\_\_\_\_

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**Investigating Committee:**

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