

COMBINED PETITION FOR THE YORK RITE DEGREES AND ORDERS IN CALIFORNIA

To the Officers and Members of:

(Check only box or boxes that apply)

- MARK MASTER DEGREE ONLY**, Sacramento Chapter No. 3 of Royal Arch Masons, Sacramento, CA **FREE**
- Sacramento Chapter No. 3 of Royal Arch Masons, Sacramento, CA Fee = \$35.00
- Sacramento Council No. 1 of Cryptic Masons, Sacramento, CA Fee = \$25.00
- Sacramento Commandery No. 2 of Knights Templar, Sacramento, CA Fee = \$75.00

TOTAL FEES ENCLOSED WITH THIS PETITION: \$ _____

The undersigned respectfully represents

that he is a member in good standing of _____ Lodge No. _____, F.&A.M.. or A.F.&A.M. under the jurisdiction of the Grand Lodge of _____;

that, if petitioning Sacramento Chapter No. 3, he desires to receive the Degrees of Mark Master, Past Master, Most Excellent Master and Royal Arch Mason;

that, if petitioning Sacramento Council No. 1, he desires to receive the Degrees of Royal Master, Select Master and Super Excellent Master, and is a member of or is concurrently petitioning _____ Chapter No. _____, Royal Arch Masons;

that, if petitioning Sacramento Commandery No. 2, he desires to receive the Orders of Knighthood, is a member of or is concurrently petitioning _____ Council No. _____, Cryptic Masons, and is a firm believer in the Christian religion;

that he has been a resident of the State of California for the six months immediately preceding the date of this petition;

that he has not, within the six months immediately preceding the date of this petition, made application to and been rejected by any Chapter of Royal Arch Masons*, Council of Cryptic Masons*, or Commandery of Knights Templar*;

that he promises, if found worthy, to conform to all the usages, customs, laws and regulations of the York Rite Body(ies) hereby petitioned and of its(their) Grand Body(ies) of the State of California.

*If such application has been made and rejected, state the name and location of the Body(ies) on the line above.

The undersigned further respectfully presents the following information:

Full Name: _____ Place of Birth: _____

Date of Birth: _____ Occupation: _____

Residence Address (City, State, ZIP): _____

Telephone: _____ Cellphone: _____ Email: _____

Business Address (City, State, ZIP): _____

Business Name: _____ Business Telephone: _____

This petition is dated: _____ Signature: _____

Petitioner is Recommended by:

Companion or Sir Knight:

Address: _____
Telephone: _____

Companion or Sir Knight:

Address: _____
Telephone: _____

Petitioner Refers to:

Name:

Address: _____
Telephone: _____

Name:

Address: _____
Telephone: _____

