



ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY

NORTHERN MASONIC JURISDICTION OF THE UNITED STATES OF AMERICA

VALLEY OF CHICAGO
383 EAST LAKE STREET
BLOOMINGDALE, IL 60108-1191

VOICE: (630) 439-3400 TOLL-FREE: (800) 774-3467 FAX: (630) 439-3401

APPLICATION FOR DEGREES

I, _____ (print your full name) the undersigned hereof respectfully show that I am desirous of being admitted as a member of the

*Van Rensselaer Lodge of Perfection
Chicago Council, Princes of Jerusalem
Gourgas Chapter of Rose Croix
Oriental Consistory*

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

Oath of Fealty

"I, the undersigned, do hereby promise on my word of honor, and swear true faith, allegiance, and fealty to the Supreme Council of Sovereign Grand Inspectors General of Thirty-third and Last Degree of the Ancient Accepted Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, sitting at its Grand East in the Town of Lexington, Massachusetts, of which the Illustrious Peter J. Samiec, 33° is the Sovereign Grand Commander, 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; will hold illegal and spurious every other Body that may be established within its Jurisdiction, claiming to be a Supreme Council to which said Supreme Council has not extended due recognition as such; and every other Body of said Rite within the same Jurisdiction that does not hold its powers from said Supreme Council, or from a Supreme Council recognized by it, 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."

"And may God aid me to keep and perform the same. Amen."

Full Legal Name(no initials): _____
FIRST FULL MIDDLE (NO INITIALS) LAST

Signed (your name in full): _____ Date: _____

	FIRST LINE SPONSOR	SECOND LINE SPONSOR
NAME (please print)		
SIGNATURE		
MEMBERSHIP NUMBER		

REQUIRED APPLICANT INFORMATION

All information is required. If a particular item does not apply, enter "NA". Please print all information legibly. Illegible applications may result in a delay in processing your petition.

Personal Information

Last Name	First Name	Full Middle Name	Suffix
Nickname	Name Preferred on Namebadge		Spouse Name
Birth Date (Month, Day Year)	Place of Birth (City, State, Country)	Profession or Occupation	Check (√) if Retired
Current Home Street Address		Apartment #	City
		State	ZIP Code
Cell Phone Number ()	Home Phone Number ()	Email	
Military Branch	Start Date	Discharge Type	Discharge Date

Masonic Affiliation

Grand Lodge Member #	Lodge No	Lodge Name	Lodge City	Lodge State	Lodge Country
<i>The following question must be answered.</i>					
Have you ever before petitioned for any degrees in the Scottish Rite and been accepted or rejected?				Check (√) here if "Yes"	Check (√) here if "No"
Complete the following if you answered "Yes" to the previous question.					
Name and location of the Valley that was petitioned				Date the petition was submitted	

Payment Information

Initiation Fee Schedule	
Initiation Fee	\$200.00
Initiation Fee (ordained clergy only)	Waived

Dues Schedule (All Class Members)	
Members of the Spring Class (prorated Apr-Jul)	\$25.00
Members of the Fall Class (prorated Nov-Jul)	\$55.00

Note: That for some special Reunion dates the above dues schedule does not apply. For special Reunion dates the dues required are indicated in the announcements for the event. Contact the office if you are uncertain of the correct amount required.

Calculate Your Fees and Dues Payable Here	
Initiation Fee	
Dues	
Total Amount Due	

Full payment must accompany your completed petition. If you are paying by credit card the following must be completed.

American Ex.
 Discover
 Master Card
 Visa

Credit Card Number															
Expiration Date (MM/YY)								CSV							

Credit Card Billing Address (If Different From Address Given Above)	
Name	
Street Address	
City, State, ZIP Code	

RETURN WITH REQUIRED FEES TO:
 SCOTTISH RITE VALLEY OF CHICAGO,
 383 EAST LAKE STREET, BLOOMINGDALE, IL 60108-1191

Payment Method: CASH CHECK #___ CREDIT CARD