



PETITION FOR INITIATION OR REINSTATEMENT
A Subordinate Lodge of the
MOST WORSHIPFUL PRINCE HALL GRAND LODGE F&AM
JURISDICTION OF INDIANA, PHA

Date _____ 20__

To the Worshipful Master, Wardens and Brethren of _____ Lodge# _____ F&AM

Greetings

Your humble petitioner, having entertained a favorable opinion of your ANCIENT and HONORABLE ORDER and desiring to become a member, thereof being uninfluenced by friends or mercenary motives, I do freely offer myself as a candidate for the mysteries of the order. If elected, I promise strict compliance with all the rules, regulations and edicts of Masonry.

Name in full _____ Age _____

Place of birth _____ Birthday _____/_____/_____

Residence# _____ Street _____ How long? _____

City _____ State _____ Zip _____ Telephone# _____

E-Mail Address _____

How long in state (Years) _____ Married or Single _____ Social Security# _____

Occupation _____ Where employed? _____

Have you ever petition a Masonic Lodge? _____

If so, when and what Lodge? _____

Do you believe in the existence and perfection of Deity? _____

Have you ever been convicted of a felony? _____

Are you a registered voter? _____

Is there any Physical, Legal or Moral Reason Preventing you from becoming a free Mason? _____

Donee _____ Signature of Applicant _____

A National criminal background check must accompany this petition at petitioner's own cost.

A Background check can be obtained from WWW.MWPHGLIN.ORG



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RECOMMENDED BY
{PLEASE PRINT}

Medical Certificate

Report of Committee

This is to certify that I have examined

Petition of Mr. _____

Name _____

Committee Reports: ___Favorable ___Unfavorable

And found him (to be) (not to be) in sound physical
And mental condition, and from a Medical standpoint,
worthy and fit to unite with this Lodge.

Signed _____

_____ MD

Date ____/____/____

Elected _____ Rejected _____

Initiated _____

Passed _____

Raised _____

Fee for First\$ _____

Second\$ _____

Third\$ _____

Medical Certification Waiver

By signing this waiver, I am certifying that I have no known medical condition(s) that will prevent me from sitting, kneeling or being on my feet for extended periods of time.

I am also certifying that I hold the Most Worshipful Grand Lodge, Jurisdiction of Indiana, Prince Hall Affiliated (PHA) and its Subordinate Lodges harmless, should I experience any medical condition whatsoever, known or not known while participating in the initiation process.

Signed:

Date: