



MOST WORSHIPFUL UNION GRAND LODGE MEMBERSHIP CANDIDATE INFORMATION FORM



NAME _____
LAST
FIRST
MIDDLE (FULL)

LIST ANY ALIASES _____
 (SEPERATE MULTIPLE ALIASES BY COMMAS)

DATE OF BIRTH _____ CURRENT AGE _____ SS# _____
MM/DD/YY
LAST 4 DIGITS

HOME ADDRESS _____
STREET
CITY
STATE
ZIP CODE

IF LESS THAN (6) MONTHS, LIST ON LINE BELOW YOUR PREVIOUS ADDRESS
 ADDRESS _____

==== Info above will be used by background screening committee - Info below will be used by the local lodge investigation committee =====

MARITAL STATUS _____ HOW LONG _____

OCCUPATION _____ HOW LONG? _____

CURRENTLY EMPLOYED BY _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

WHO RECOMMENDED YOU OR WILL VOUCH FOR YOUR CHARACTER? _____

DO YOU HAVE ANY FAMILY MEMBER(S) THAT IS/ARE A MASON(S)? _____

NAME OF FAMILY MEMBER(S) _____
 (SEPERATE MULTIPLE NAMES BY COMMAS)

DO YOU BELIEVE IN GOD? _____

WHAT CHURCH ARE YOU A MEMBER OF? _____

CURRENT HEALTH STATUS? CHECK ONE!! EXCELLENT GOOD FAIR POOR

DO YOU HAVE ANY PHYSICAL INJURIES? IF YES EXPLAIN! _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES EXPLAIN! _____

HAVE YOU EVER BEEN DECLARED MENTALLY INCOMPETENT? _____

PHYSICALLY, ARE YOU A MAN OR OTHER? _____

A \$20.00 PROCESSING FEE MUST ACCOMPANY THIS QUESTIONNAIRE, THE FEE IS NON-REFUNDABLE. LODGE CHECKS, CASHIERS CHECKS, OR MONEY ORDERS ONLY. NO PERSONAL CHECK ACCEPTED.

APPLICANTS SIGNATURE _____ DATE _____

By signing this form the applicant acknowledges the following:

All information submitted is true and accurate. The applicant authorizes the Most Worshipful Union Grand Lodge to conduct a legal and professional background check for membership consideration. **Note:** The results of the background check alone do not determine candidacy for membership.

Instructions: The applicant is to return the completed form with payment to the Lodge. The lodge is to make a copy for its records. The original is to be forwarded along with the fee to the Most Worshipful Union Grand Lodge.

To Be Completed by the Lodge: ZONE: _____ LODGE NAME: _____

Worshipful Master Name: _____ (Please Print) Worshipful Master Contact Phone: (____) _____

DDGM Name: _____ (Please Print) DDGM Contact Phone: (____) _____

Zone Coordinator Name: _____ (Please Print) Zone Coordinator Contact Phone: (____) _____