

MOST WORSHIPFUL UNION GRAND LODGE
EXEMPT FORM

PART I. – MEMBER

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ DOB _____

Telephone: () _____ Years of unbroken service in the MWUGL: _____

Reason for request to be exempt: _____

Member Signature: _____

PART II. – LOCAL LODGE

Name: _____ No: _____ Location: _____

Local Lodge Exempt Committee recommendation: _____

Personal financial condition of member: _____

Date member was exempt from all Local Lodge dues and assessments: _____

Medical condition of member: please circle one and explain short term long term

Worshipful Master Signature

Secretary Signature

PART III. – EXEMPT COMMITTEE MWUGL

Date received in MWUGL: _____ Date received by Exempt Committee: _____

Approved/Disapproved and reason: _____

Chairman Signature

Grandmaster Signature