



MOST WORSHIPFUL UNION GRAND LODGE

MEMBERSHIP CANDIDATE INFORMATION FORM

ZONE _____



NAME: _____
LAST
FIRST
MIDDLE (FULL)

LIST ANY ALIASES: _____
 (SEPERATE MULTIPLE ALIASES BY COMMAS)

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

HOME ADDRESS: _____
STREET
CITY
STATE
ZIP CODE

IF LESS THAN (6) MONTHS, LIST ON THE 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? _____

CURRNETLY 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): _____
 SEPARATE MULTIPLE NAMES BY COMMAS

DO YOU BELIEVE IN GOD? ____ YES ____ NO

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? ____ YES ____ NO

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.

APPLICANT'S 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

LODGE NAME: _____ ZONE: _____

WORSHIPFUL MASTER NAME (PRINT): _____ WM CONTACT NUMBER: _____

DDGM NAME (PRINT): _____ DDGM CONTACT NUMBER: _____

* * * * * NOTIFY * * * * *

ZONE COORDINATOR (PRINT): _____ COORDINATOR CONTACT NUMBER: _____