

REQUEST FOR FIFTY YEAR CERTIFICATE FORM

TO BE COMPLETED AND MAILED TO THE GRAND SECRETARY'S OFFICE ONE MONTH IN
ADVANCE PRIOR TO BECOMING DUE

CHAPTER NAME _____ NO. _____ DATE _____

NAME OF MEMBER _____ DATE OF BIRTH: _____

ADDRESS _____
(NO, ST., PO BOX, CITY, STATE, AND ZIP)

PHONE NUMBER: _____ EMAIL: _____

INITIATION DATE: _____

AFFILIATED BY TRANSFER DATE: _____ FROM _____

SUSPENDED DATES: _____

AFFILIATED BY PLURAL DATE: _____ FROM _____

REINSTATED DATE: _____

AFFILIATED BY DEMIT DATE: _____ FROM _____

DEMIT DATE: _____

PLURAL WITHDRAWN DATE: _____

MASONIC AFFILIATION: _____

REMARKS:

SECRETARY

Mailing Address

(SEAL)