



CHATTANOOGA SCOTTISH RITE BODIES

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Amount Paid _____

Received: _____

Elected: _____

Rejected: _____

Petition No. _____

PETITION FOR MEMBERSHIP

Fees for all degrees is **\$300.00** (Minimum of \$100.00 must accompany this petition). Payment may be made by cash or check. **FEES ARE NON-REFUNDABLE.**

*****Please Print*****

First Name: _____ Middle Name: _____ Last Name _____

A Master Mason and a member in good standing of _____ Lodge No. _____, F.&A.M.,
Located at _____, under the jurisdiction of the Grand Lodge of _____, and
being a resident within the bounds of this jurisdiction of the Rite, respectively petition to receive the Scottish Rite Degrees
in your Valley and promises always to bear true faith and allegiance to The Supreme Council of the Thirty-Third Degree
for the Southern Jurisdiction of the United States of America.

As a basis for consideration of this petition, I truthfully make the following statements:

I was raised a Master Mason in: _____ (Year) I am _____ or am not _____ a Past Master. Year _____

Birth Date: _____ Where Born: _____

Employed By: _____ As: _____ Type Business: _____

Business Address: _____

Residence: _____

Business Phone: _____ Residence Phone: _____

E-Mail Address: _____

I have _____ or have not _____ petitioned for, or been proposed as a candidate for the Scottish Rite Degrees

Married: _____ Wife's Name: _____

Name, address and phone number of nearest relative not living with you:

The Supreme Council requires acceptance of the following fundamental principles:

The inculcation of patriotism, respect for law and order, undying loyalty to the principles of civil and religious liberty, and
the entire separation of church and state as set forth in the Constitution of the United States of America. Do you approve
wholeheartedly these principles? Yes _____ No _____

Have you ever held opinions contrary to the foregoing or been affiliated with any organization which has? _____

If you answered "yes", give particulars: _____

Recommended by 2 Member of the Chattanooga Bodies

Signature (in full) of Applicant – **No Initials**

_____, _____ °

_____, _____ °

Date: _____