

Petition for Multiple Membership

To the Illustrious Master, Deputy Master, Principal Conductor of the Work, and Companions of _____
_____, Council No. _____, located at _____, MO:

I fraternally petition to become a Multiple Member of your Council. If elected, I promise to confirm to all the laws and practices relative to Multiple Membership of the Grand Council of Missouri.

In petitioning for Multiple Membership, I understand and agree that this membership shall be wholly contingent upon my "Original Membership" in a duly constituted council under the Grand Council of Missouri, or under a Grand Council which is in fraternal relationship with the Grand Council of Missouri and which lawfully permits Multiple Membership.

I further agree to pay the annual dues of the Council in which I hold Multiple Membership.

I acknowledge that suspension for non-payment of dues or otherwise, or expulsion shall immediately, and of itself, terminate my membership as a Multiple Member in all Councils in the Grand Jurisdiction of Missouri.

I further acknowledge that I am subject to discipline by any Council of which I may be a member and that my membership in some bodies of the York Rite is dependent upon my status in good standing of the Council of "Original Membership" and of the Council(s) in which I hold "Multiple Membership."

I further acknowledge and agree that I may terminate my "Original Membership" by dimission and/or my "Multiple Membership" by withdrawal; that I will make my request in writing, or in person at a stated convocation, for the Certificate of Dimission from "Original Membership" or the Certificate of Withdrawal of "Multiple Membership" to the Council wherein such membership is held.

I am now a member in good standing in the following Council(s):

_____	Located At _____	_____	_____	_____
Council Name and Number		City	State	Zip
_____	Located At _____	_____	_____	_____
Council Name and Number		City	State	Zip
_____	Located At _____	_____	_____	_____
Council Name and Number		City	State	Zip

I was born at _____ Date _____

My residence address is _____
City State Zip

My residence telephone number is _____

My occupation is that of _____
(Designate Specifically)

I am employed by _____ () -
Name of Firm Phone Number

Address _____ City State Zip

Printed Name _____ Signature of Petitioner (Full Name) _____

Dated at _____ this _____ day of _____ 20_____

Recommended By _____ Recommended By _____