

Grand Council New Membership Certificate Multiple Member Request Form

ALL ITEMS ON THIS FORM MUST BE COMPLETED AND PRINTED LEGIBLY
If you have more than 8 New Members, then use separate forms for each set of eight or less.

Date of Request: _____ Council Name: _____ No.: _____

Located in (City only): _____ Name of Recorder: _____

New Member Full Name	New Member MMS Membership No.	Date Royal Master Degree Completed	Date Select Master Degree Completed *	Date Super Excellent Master Degree Completed **

* Degree required for full membership

** Degree required for officers