

**Grand Council
Service Certificate
Single Member Request Form**

ALL ITEMS ON THIS FORM MUST BE COMPLETED AND PRINTED LEGIBLY

Date of Request: _____

Council Name: _____ No.: _____

Located in (City only): _____

Name of Recorder: _____

Member Full Name: _____

Member MMS Membership No.: _____

Date of Completion for Select Master Degree: _____

Years of Service (circle): 25 Yr 50 Yr Special (describe below)

If for 50 years of service, then do you want a free 50 year pin (circle)? Yes No

Special – Specify Number of Years: _____

If you need this certificate by a specific date, then please specify: _____

Please make sure to check for lost service time due to suspension, demit, etc. The certificate will be printed with a date no earlier than one day after the specified date of completion for the Select Master Degree plus lost time, if any.