

**COMMANDERY PETITION FOR MULTIPLE MEMBERSHIP**

To the Grand Commander, Deputy Grand Commander, Grand Generalissimo, and Sir Knights of

\_\_\_\_\_ Commandery No. \_\_\_\_\_, Located at \_\_\_\_\_, MO:

I fraternally petition to become a Multiple Member of your Commandery. If elected I promise to confirm to all the laws and practices relative to Multiple Membership of the Grand Commandery 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 Commandery under the Grand Commandery of Missouri, or under a Grand Commandery which is in fraternal relationship with this Grand Commandery and which lawfully permits Multiple Membership.

I further agree to pay the annual dues of the Commandery 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 Commanderies in the Grand Jurisdiction of Missouri.

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

I further acknowledge and agree that I may terminate my "Original Membership" by demission 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 Commandery wherein such membership is held.

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

\_\_\_\_\_ located at \_\_\_\_\_  
Commandery Name and Number City State

\_\_\_\_\_ located at \_\_\_\_\_  
Commandery Name and Number City State

\_\_\_\_\_ located at \_\_\_\_\_  
Commandery Name and Number City State

I was born at \_\_\_\_\_ Birth Date \_\_\_\_\_  
City State

My residence \_\_\_\_\_ ( ) -  
Address City State Zip Phone

My occupation is that of \_\_\_\_\_  
(Designate Specifically)

I am employed by \_\_\_\_\_

\_\_\_\_\_ ( ) -  
Name of Firm Address City State Zip Phone

\_\_\_\_\_ Printed Name \_\_\_\_\_ Signature of Petitioner (Full Name)

\_\_\_\_\_ Recommended By \_\_\_\_\_ Recommended By