APPLICATION FOR MEMBERSHIP

FOR

SUBORDINATE LODGES UNDER THE PROTECTION OF THE MOST WORSHIPFUL UNION GRAND LODGE F. & A.M. FLORIDA, BELIZE, CENTRAL AMERICA JURISDICTION INC., P.H.A.

Date:			Member Number:	
To the officers and members of			Lodge No	Zone No:
Located in the City of			State	Zip
I		g conceived a fa nt myself as a ca	andidate for initiation. I	am of sound bodily health
Have you ever applied for initiation in	n any Masonic Lodge? Yes	No	If yes explain:	
Name:		Age:	DOB:	
Address:	Apt No	City:		Zip:
Email Address:	(An email	address is requ	nired)	
	HEALI	NG		
Name:		Age:	DOB:	
Address:	Apt No	City:		Zip:
Date Raised:	Lodge name:			No
Email Address:	(An email ad	dress is require	d)	
	PROFILE INFO	RMATION		
Occupation:	Telephone Fax:		E-mail:	
Education: H.S Tecl	n School	Co	llege:	Degree:
Religious affiliation:	Emergency contact:		Telephone:	
Marital status: single, married, divorc	te (circle one) Wife's name: _			
Non-Masonic Affiliations:				
Beneficiary MRF:	Relationship:			
Applicant's Signature:	Recommended by:			
	LODGE'S A	CTION		
We, the committee investigated the character and standing of Mr			and found him to be:	
worthy unworthy (thy unworthy Committee Chairman:		Dates application received:	
Date initiate: (1st)	Passed (2 nd)		Raised (3 rd)	
Worshipful Master	,	Secretary		
District Deputy Grand				CEAL
MWUGL FORM 1-L - Revised: July 31, 20	22			SEAL