APPLICATION FOR AFFILIATION

_____ Preceptory No. ___ Knights Templar

Of the United Religious and Military Orders of
St. John of Jerusalem, Palestine, Rhodes, Malta and of the Temple

To the Presiding Preceptor, Officers, and Fraters, Greetings:

I, _____ of _____ in the County of _____
(Christian and Surname in full - Please Print) (Name of Town or City)

Province of _____ Canada, by avocation _____ Date of Birth _____
(Profession or Occupation) (YYYY/MM/DD)

MASTER MASON

RAISED on
in
Lodge No.
held at
Grand Registry of

ROYAL ARCH MASON

EXALTED on
in
Chapter No.
held at
Grand Registry of

KNIGHT of MALTA

ADMITTED on
in
Priory No.
held at
Great Priory of

KNIGHT TEMPLAR

CONSECRATED on
in
Preceptory No.
held at
Great Priory of

possessing the Masonic standing required by the statutes and ordinances of the Order, and having been duly installed as a Companion of the Illustrious Order of the Red Cross, Knight of Malta and Knight Templar as fully set forth in the margin hereof, do on my Knighthood declare that I am, or was last (as the case may be), a member of _____ Preceptory, under the Banner of the Great Priory of _____, and am in good standing in the said Orders. That I am desirous of joining this Preceptory and to be registered therein under the Sovereign Great Priory of Canada. That I will renew my pledges, in regular form, to observe all Statutes, Rules Regulations and Orders, present and future, of the said Christian Orders, and of this Preceptory and Priory of the same. And I further state, on my obligation as a Knight Templar that I have not been rejected, suspended or expelled from any Preceptory.

Witness my hand _____
Signature of Applicant (Christian and surname in Full)

this _____ day of _____ , 20 ___ at
_____

Recommended and Vouched for on the honour of:

_____
Proposer

_____
Seconder

Mailing Address _____
(Street or P O Box)

_____ _____
(Name of City or Town) (Postal Code)

_____ _____
(Phone) (Email Address)

Affiliation Fee: _____ **Annual Dues:** _____

Mail to:

Consent

In consideration of your receiving this application for membership, I consent to investigations being made from any source relating to my qualifications for membership in the Preceptory to which this application is directed.

I also release the Preceptory, each of its members, and the Sovereign Great Priory of Canada and each of its members from all claims which I may have arising from the investigations of my qualifications or my rejection if such should occur.

I acknowledge and agree that all information relating to my application, investigation, acceptance or rejection shall remain confidential between me and the Sovereign Great Priory of Canada.

I further agree and consent to the transmission of my name, address, age, occupation and any other personal information set out on this form, be e-mail or any other electronic means.

I further agree and acknowledge that this application and notice of rejection thereof, if it should occur, may be retained by the Sovereign Great Priory of Canada in a central database.

_____

Signature of Applicant