

Chapter Name and Number: _____

Date: _____

IHF _____

New Membership Report Form

Complete the appropriate sections and send to the Grand Chapter Office
with the \$5 International Headquarters fee.

Complete for **ALL** new memberships: **Section #1**

Section #1

Type of Membership:

Initiate: ____ Affiliation: ____ Plural: ____

Name of Member: _____

Date Initiated: _____

Initiation Chapter Name, #, and State _____

Address: _____

Telephone #: _____

DOB: _____

Section #2: Complete only if New Initiate

Relationship of member to the Master Mason: _____

Name of Master Mason: _____

Lodge of Master Mason: _____ Lodge # _____

Lodge location (town and state): _____

Section #3: Complete only if New Affiliate or Plural Member

Affiliation-Plural Membership Date: _____ (Date of Ballot)

Demit from: _____ (N/A) if not demitted)

Demit Date: _____ (N/A) if not demitted)

Affiliate is a member of these additional chapters: (Name, Number, Location)
