



# ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY

Valley of Chicago, Northern Masonic Jurisdiction  
of the United States of America

## APPLICATION FOR DEGREES

*To the Officers and Members of the Scottish Rite bodies sitting in the Valley of Chicago:*

I, \_\_\_\_\_ (please print your full name) the undersigned hereof respectfully show that I am desirous of being admitted as a member of the

*Van Rensselaer Lodge of Perfection  
Chicago Council, Princes of Jerusalem  
Gourgas Chapter of Rose Croix  
Oriental Consistory*

and request that I may be received among you, and that I will ever pray for the prosperity and glory of the Fraternity and the welfare of the Brethren.

In making this application, I promise on my word of honor that should I be elected and become a member of your honorable Body, I subscribe to the following

### OATH OF FEALTY:

“I, the undersigned, do hereby promise on my word of honor, and swear true faith, allegiance, and fealty to the Supreme Council of Sovereign Grand Inspectors General of Thirty-third and Last Degree of the Ancient Accepted Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, sitting at its Grand East in the Town of Lexington, Massachusetts, of which the Illustrious Walter E. Webber, 33° is the Sovereign Grand Commander, and will support and abide by its Constitution, Orders and Decrees.”

“That I will hold allegiance to the said Supreme Council and be loyal thereto, as the supreme authority of the Rite; will hold illegal and spurious every other Body that may be established within its Jurisdiction, claiming to be a Supreme Council to which said Supreme Council has not extended due recognition as such; and every other Body of said Rite within the same Jurisdiction that does not hold its powers from said Supreme Council, or from a Supreme Council recognized by it, and will hold no communication whatever in Scottish Rite Masonry with any member of the same nor allow him to visit any Body of the Rite of which I may be a member; and I will dispense justice to my brethren according to the laws of equity and honor.”

“And should I violate this my solemn vow and pledge, I consent to be expelled from Scottish Rite Masonry, and all rights therein and in any Body of the Rite, and to be denounced to every Body of the Ancient Accepted Scottish Rite in the world as a traitor and forsworn.”

“And may God aid me to keep and perform the same. Amen.”

Signed (your name in full): \_\_\_\_\_ Date: \_\_\_\_\_

Recommended by two 32° Members of the Valley of Chicago:

	<b>FIRST LINE SPONSOR</b>	<b>SECOND LINE SPONSOR</b>
<b>NAME (PLEASE PRINT)</b>		
<b>SIGNATURE</b>		
<b>MEMBERSHIP NUMBER</b>		

**PLEASE PRINT OR TYPE ALL INFORMATION**

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>	<b>SUFFIX</b>
<b>BIRTH DATE: MONTH</b>	<b>DAY</b>	<b>YEAR</b>	<b>PLACE OF BIRTH</b>
<b>PREFERRED MAILING NAME</b>			
<b>CURRENT STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>PRIOR STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>YEARS AT CURRENT ADDRESS:</b>		<b>YEARS AT PRIOR ADDRESS</b>	
<b>PROFESSION OR OCCUPATION</b>			
<b>EMPLOYER</b>		<b>BUSINESS ADDRESS</b>	
<b>HOME TELEPHONE</b> (    )		<b>BUSINESS TELEPHONE</b> (    )	
<b>E-MAIL ADDRESS</b>		<b>FAX TELEPHONE:</b> (    )	
<b>SOCIAL SECURITY NUMBER</b>		<b>DRIVERS LICENSE NUMBER</b>	
<b>I AM A MASTER MASON IN GOOD STANDING IN (LODGE NAME)</b>			<b>NUMBER</b>
<b>LOCATED AT (CITY AND STATE)</b>			
<b>I WAS RAISED TO THE DEGREE OF MASTER MASON IN (LODGE NAME)</b>			<b>NUMBER</b>
<b>LOCATED AT (CITY AND STATE)</b>			<b>DATE RAISED:</b>
<b>HAVE YOU EVER BEFORE PETITIONED FOR ANY DEGREES IN THE SCOTTISH RITE AND BEEN ACCEPTED OR REJECTED?</b>		<b>IF YES, WHICH VALLEY?</b>	<b>IF YES, DATE OF PETITION</b>

Full payment must accompany completed petition. All fees and dues must be paid prior to the candidate joining the Reunion class. If paying by credit card (Visa, Mastercard, Discover accepted), the following must be completed:

<b>FEES AND DUES (US\$)</b>	
Initiation Fees	\$300.00
Prorated Dues (See Table)	
<b>TOTAL AMOUNT DUE</b>	

<b>CREDIT CARD NUMBER</b>															

<b>EXPIRATION DATE (MM/YY)</b>			

**MAIL COMPLETED APPLICATION AND PAYMENT TO:**

Scottish Rite Bodies  
915 North Dearborn Street  
Chicago, Illinois 60610

<b>PRORATED DUES (US\$)</b>	
Fall Reunion Class	\$45.00
Spring Reunion Class	\$20.00

<b>CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM ADDRESS GIVEN ABOVE)</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	