

ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY

Northern Masonic Jurisdiction OF THE UNITED STATES OF AMERICA

ILLINOIS COUNCIL OF DELIBERATION 383 East Lake Street

BLOOMINGDALE, ILLINOIS 60108-1191

Voice: (630) 439-3400 • FAX: (630) 439-3401 • Toll Free: (877) 627-6698

I, nm desirous of being ad	(print your full name) t mitted as a member of the Valley of (print name)	the undersigned hereof respectfully show that I me of valley)				
and request that I may b and the welfare of the B		ray for the prosperity and glory of the Fraternity				
In making this applicati nonorable Body, I subsc		ould I be elected and become a member of your				
	Oath of Fealty					
Supreme Council of So Scottish Rite of Freema Grand East in the Town	vereign Grand Inspectors General of Thirty- asonry for the Northern Masonic Jurisdictio	d swear true faith, allegiance, and fealty to the third and Last Degree of the Ancient Accepted n of the United States of America, sitting at its Illustrious John Wm. McNaughton, 33° is the astitution, Orders and Decrees."				
nold illegal and spuriou Council to which said S within the same Jurisdic recognized by it, and wi	is every other Body that may be established wo supreme Council has not extended due recognication that does not hold its powers from said ill hold no communication whatever in Scott my Body of the Rite of which I may be a men	thereto, as the supreme authority of the Rite; will within its Jurisdiction, claiming to be a Supreme nition as such; and every other Body of said Rite I Supreme Council, or from a Supreme Council ish Rite Masonry with any member of the same mber; and I will dispense justice to my brethren				
	y Body of the Rite, and to be denounced to e	be expelled from Scottish Rite Masonry, and all very Body of the Ancient Accepted Scottish Rite				
'And may God aid me t	to keep and perform the same. Amen."					
Signed (your name in ful	(I):	Date:				
	Recommended by two 32° members of the Va	alley being petitioned.				
	Printed Name	Signature				
First Line Sponsor						
Second Line Sponsor						
Illinois Council of Deliberation Application for degrees	N www.icodus Voice: (630) 439-3400 • FAX: (630) 439-3401 • Tc	PAGE 1 DLL FREE: (877) 627-6698 ICOD: 2012-03-01				

Application For Degrees

Required Applicant Information

All information is required. If a particular item does not apply, enter "NA". Please print all information legibly. Illegible applications may result in a delay in processing your petition.

First Name			Middle Name	Last Name						Suffix
Birth Date (Month, Day Year) Place of Birth (City, State, Country)			Country)	Profession or Occupation			Check (√) if Retired:			
Current Home Street Address	5			Ар	artment Numbe	er City		State	e ZIP (Code
Cell Phone Number (Include A	Area Code)	Home Pho	ne Number (Include Area Cod	e) Work Ph	one Number (I	nclude Area Code)	FAX Phone Nur	nber (I	nclude Are	a Code)
E-Mail Address										
				ic Af liat						
l am a member of:	.odge No:	Lodge Name	:		L	odge City:	Lodge S	tate: L	odge Cour	ntry:
	1 11	1 1 NI				1 6:	1 1 6		1.6	
I was raised in:	.odge No:	Lodge Name	:			odge City:	Lodge S	tate: L	odge Cour	ntry:
1.6		1.0	The following ques				Check (√) here	f "Yes"	Check (√)	here if "No"
Have you ever befor or rejected?	ore petition	oned for	any degrees in the S	cottish F	kite and b	een accepted			,,,,	
		omnlete t	the following if you are	swered "\	Ves" to the	nrevious auest	ion			
Complete the following if you answered "Yes" to th Name and location of the Valley that was petitioned: টেঙ্ক এ বিশ্বস্থা				ics to the	previous quest	Date the petition was submitted:				
	73									
Names Galculate/Ko	AND FEED BY	WARING M			t Z Tw ZZ	11 v ax d ax Tv		J ey D		XX.XX ou
Initiation Fee (See so								U		
Dues (See schedule	below)									
Daes (See seriedare	,									