APPLICATION FOR AFFILIATION				
<u>In The</u> Officers and M	amharr of Aantar	mint Madra of Hart	action Rocks	
Mountain Chapter			ααυμεή απυ	
198	enver Consistory,	A. & A.S.U.		
I, the undersigned, am a Master Maso	n in good standing and a m	ember of	Lodge # in	
City of, in Stat [If membership is held out	e ofside of Colorado, a copy of your p	 aid-up Dues card must accompany t	his petition.]	
I was raised in I	_odge # on the	/ in City	of;	
State of				
My occupation is [The occupation must be sta	Employed by	alesman " state what kind. If retired	from what?]	
I (am) (was) a member of the Scottis				
		n, at		
		roix, at		
		at		
desirous, if found worthy of affiliati Colorado Council of Kadosh, and De Supreme Council of the Thirty-third D Date and Place of Birth	nver Consistory, and, if ele egree for the Southern Juris	ected, promise to bear true fa diction of the United States.	aith and allegiance to the	
Applicant print your name in full [No in				
Street address City				
Telephone (Home) ()				
Email address)	
		nember of the York Rite Yes () No ()	
Applicant sign your name in full [No ini	tials]			
	- Recommended by the	ese Brothers -		
Print Name	Sign	ature		
Print Name	Sign	ature		
Notes:				
Please fill out both pages of this Affili by Denver Consistory in a Database a the Secretary of your current Valley Affiliation cannot be accepted.	t both Denver Consistory ar	nd the Supreme Council. The s	econd page will be sent to	
		PDF	Form Version 1.1 August 24, 2009	

		À
		Denver Consistory 1370 Grant Street, Denver, Colorado. 80203-2347
Date//		
Valley of	Orient of	
Street address		
City	State	Zip
Dear Brother Secretary,		
		e Bodies in the Valley of Denver, Orient of Colorado. I
	Demit () Certificate of (Good Standing ()
and once issued please forwa	rd to:	
	Denver Consistory, Office of the Secreta 1370 Grant Street, Denver, Colorado. 8	
Applicant print your name in t	ull [No initials]	
Street address		
	State	Zip
Applicant sign your name in f	네 [No initials]	
		PDF Form Version 1.1 August 24, 2009