



APPLICATION FOR MEMBERSHIP

**Order of the
Scottish Knights of Saint Andrew**

A & ASR, Valley of Denver, Orient of Colorado



Name: _____
(Remember, this is how it will appear on your name badge)

Address: _____

City, State, Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ FAX #: _____

Email Address: _____

Current Lodge: _____

Occupation: _____

How would you best like to assist the Consistory? (unique skills we might use?)

Application fee: \$75.00 (for sash, name tag, member packet) may be paid with application or prior to initiation ceremony. Note: There are NO annual dues. Please make check payable to: **Knights of Saint Andrew - Denver Consistory**

Joe Cox
Secretary, Denver KSA
ibjoecox@gmail.com
745 W. Fir. Ct.
Louisville, CO 80027
720-539-5570

Official use only:
Date application received: _____ Check # _____ Amount _____
Name Badge ordered _____ Email added _____
Date Knighted: _____