



Chapter No. _____
Royal Arch Masons of the District of Columbia

Please use blue or black ink. Use additional paper, not the back of this form, if you need more space to answer any questions.

Print your full legal name		
Print your name as you are usually addressed, and as you want it to appear on Chapter correspondence		
Print your full mailing address to which you want Chapter correspondence mailed		
Print your home phone number	Print your work phone number	
Print your fax number where you can receive faxes from the Chapter		
Print your email address where you can receive messages from the Chapter		
Print your full date of birth	Current age?	Where were you born?
How long have you resided in the greater Washington area?		
What is your occupation ?	Print the name and address of your place of business	For how long?
List all the Craft (Blue) Lodges to which you currently belong, and the Grand Lodges under which each exists		
If you ever belonged to other Craft Lodges, which ones, what were the circumstances of your leaving, and when did you cease to belong?		
Do you know of any reason, physical, legal, or moral, which should prevent you from receiving the degrees of Royal Arch Masonry, and which, if applicable to another person, would cause you to pass adverse judgment on the application of such person for membership in this Royal Arch Chapter?		
Have you ever applied for the degrees conferred in Royal Arch Chapters in this or any other jurisdiction?		
If so, when and where?		

I am a Master Mason in good standing, and desire to receive the degrees of Royal Arch Masonry and become a member of this Chapter. I have honestly, fully, and truthfully answered the questions in this petition, and I promise that if my petition is granted, I will cheerfully conform to all the laws, regulations, and usages of this Chapter, and the Grand Chapter of Royal Arch Masons of the District of Columbia.

Signature of Petitioner	Date signed
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(The fee for the Royal Arch degrees is \$40. At least \$10 must accompany this petition.)

Printed name of Recommender #1	Signature	Date signed
Printed Name of Recommender #2	Signature	Date signed

Printed names of members of the Investigating Committee	Signature of each member of the Investigating Committee whose report on this petitioner is favorable	
(1)	(1)	(date)
(2)	(2)	(date)
(3)	(3)	(date)