

## ANCIENT AND ACCEPTED SCOTTISH RITE OF FREEMASONRY



## Valley of Pensacola Orient of Florida Petition for Affiliation

Date:	_ 20			
First Name	Middle Name	La	st Name	
Address	C	ity	State	Zip
Home Phone		Work Phone		
Cell	Email		Membership #	
Date of Birth/P	ace of Birth	Occuj	pation	
If retired, previous occupation:	n: If married, wife's name:			
☐ I certify that I am a <b>Perfect F</b>		_		-
		_, located at		
in the Orient of				
☐ If you have previously applie to whom application was made:	d for membership in the Sc			-
				- · · · <b>-</b> · · · -
Signature of Petitioner: _				
Recommended by: (Sponsors m	ust be a member of the Vall	ley of Pensacola)		
Brother (Print)		Signature		
Brother (Print)		Signature		
There are no dues required at this next dues year – if you are transfe affiliation.	<u>*</u>			
OFFICE USE ONLY:				
Date Received/ / Demit Received/	_ Date Elected/ / New Card Ordere	/ Certificate of G	ood Standing Received	/ /