



THE MOST EXCELLENT GRAND CHAPTER OF HOLY ROYAL  
ARCH MASONS  
JURISDICTION OF NORTH CAROLINA, INC.

APPLICATION FOR MEMEBERSHIP INVESTIGATION FORM

Name of Applicant \_\_\_\_\_

Name of spouse (if applicable) \_\_\_\_\_

Is the Application for Membership complete with all attachments? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the spouse present at the investigation of the applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the spouse support the applicant joining the Chapter? \_\_\_\_\_ Yes \_\_\_\_\_ No

What contributions do you bring to Capitular Masonry? \_\_\_\_\_

What position have you served in other Masonic organizations? \_\_\_\_\_

Are you able to purchase the regalia of a Holy Royal Masons? This includes  
(Prayer cap, gloves, apron etc) \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your work schedule allow you to attend Chapter meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you attend all of your:  
Lodge meetings \_\_\_\_\_ Yes \_\_\_\_\_ No

Can the applicant meet the financial obligations of the Chapter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Committee Vote (Accept/Reject)

**This report must be presented at the Chapter meeting!**

Printed committee Chairman name	Signature/Date	Accept _____	Reject _____
Printed committee member name	Signature/Date	Accept _____	Reject _____
Printed committee member name	Signature/Date	Accept _____	Reject _____

MEGCHRAMNCINC FORM 3  
INVESTIGATION