



MOST EXCELLENT GRAND CHAPTER OF HOLY
ROYAL ARCH MASONS JURSDICTION OF NORTH
CAROLINA, INC.
Application for Reinstatement

I, _____ submit this application of reinstatement

to the Excellent High Priest, King, Scribe and Companions of

_____ Chapter No. _____ on this the

_____ day of _____ 20____ I was arched a Companion in _____

Chapter No. _____ located in _____

I became unfinancial in _____ due to/because: _____
Year

If my Application for Reinstatement is accepted, I will cheerfully adhere to the Constitution, By-Laws, Rules, Regulations and Edicts of the Most Excellent Grand Chapter Holy Royal Arch Masons and my Chapter.

My contact information is:

Mailing Address _____

Phone: () _____

Email: _____

I am a financial member of:

Symbolic _____ Lodge No. _____

*****ATTACH COPY OF DUES CARDS TO APPLICATION FOR REINSTATEMENT*****

I have completed this Application for Reinstatement completely, honestly, and truthfully to the best of my knowledge

and know of no reason why I should not be considered for reinstatement into Capitular Masonry.

Printed Name

Signature and Date

Recommendation Declaration

I recommend the officers and Companions of the Chapter reinstate our un-financial Companion to all the rights and privileges of a Companion.

Printed Name

Signature and Date

MEGCHRAMNCINC FORM 4
APPLICATION OF REINSTATEMENT