BENAIAH SOVEREIGN GRAND LODGE
&
EUNICE SUPREME GRAND CHAPTER

Free Masons of the World and Order of Eastern Star, Inc.
47 West Queens Way | Hampton, Virginia

APPLICATION FOR MEMBERSHIP

Lodge or Chapter Membership Petition

MEMBERSHIP REQUEST: ☐ Regular Membership ☐ Reinstatement ☐ Healing / Transfer ☐ Honorary Membership ☐ Other: _____

DATE OF APPLICATION	LODGE / CHAPTER	LODGE / CHAPTER NUMBER
CITY	STATE / JURISDICTION	APPLICATION RECEIVED BY

INSTRUCTIONS: Print or type clearly and answer every applicable question. Attach a signed page if more space is needed. Submission does not guarantee election or membership. Do not place Social Security numbers, banking information, or unrelated medical details on this form.

1. APPLICANT INFORMATION

FULL LEGAL NAME	PREFERRED NAME / TITLE
DATE OF BIRTH	PRONOUNS (OPTIONAL)
HOME ADDRESS	CITY / STATE / ZIP
MOBILE PHONE	ALTERNATE PHONE
EMAIL ADDRESS	PREFERRED CONTACT METHOD
OCCUPATION / PROFESSION	EMPLOYER (OPTIONAL)

2. MEMBERSHIP BACKGROUND

Are you currently or formerly a member of a Masonic Lodge, Eastern Star Chapter, or related body? ☐ Yes ☐ No
If yes, explain: _____

Have you previously applied for membership in another Lodge, Chapter, or jurisdiction? ☐ Yes ☐ No
If yes, explain: _____

3. PRIOR MEMBERSHIP AND ELIGIBILITY

Lodge / Chapter / Body	Location	Member No.	Dates	Standing / Result

Have you ever been suspended, expelled, rejected, or otherwise disciplined by a Masonic or Eastern Star body? ☐ Yes ☐ No

If yes, explain: _____

Do you have any unresolved legal or conduct matter that could materially affect your ability to honor the standards of membership? ☐ Yes ☐ No

If yes, explain: _____

Can you meet the attendance, study, financial, and conduct responsibilities explained by the Lodge or Chapter? ☐ Yes ☐ No

If no, explain: _____

Are you applying freely and voluntarily, without improper pressure or expectation of financial gain? ☐ Yes ☐ No

Accessibility: If you need a reasonable accommodation to participate in the application or membership process, contact the designated Lodge or Chapter officer. Do not include medical diagnoses on this general application.

4. PURPOSE AND COMMUNITY INFORMATION

Why are you seeking membership, reinstatement, healing, or affiliation with this Lodge or Chapter?

_____

_____

_____

List community, civic, charitable, professional, religious, or volunteer involvement (optional):

_____

_____

5. FEES AND PAYMENT RECORD

Fee / Obligation	Amount	Paid / Receipt
BSGL / ESGC administrative fee	$_____	_____
Lodge / Chapter initiation or affiliation fee	$_____	_____
Dues and assessments	$_____	_____
Other approved charges	$_____	_____

$50.00 administrative fee. Confirm the current amount, refund rules, and all local charges before accepting payment. Lodge or Chapter fees may vary by bylaws and jurisdiction.

6. PERSONAL REFERENCES

Provide three adults who can speak to your character and reliability.

REFERENCE 1 - FULL NAME	RELATIONSHIP	YEARS KNOWN
PHONE / EMAIL	STREET ADDRESS	CITY / STATE / ZIP

REFERENCE 2 - FULL NAME	RELATIONSHIP	YEARS KNOWN
PHONE / EMAIL	STREET ADDRESS	CITY / STATE / ZIP

REFERENCE 3 - FULL NAME	RELATIONSHIP	YEARS KNOWN
PHONE / EMAIL	STREET ADDRESS	CITY / STATE / ZIP

7. VOUCHER / SPONSORING MEMBER

VOUCHER - PRINTED NAME	MEMBER / BODY NUMBER	YEARS KNOWN
SIGNATURE	PHONE / EMAIL	DATE

8. APPLICANT AUTHORIZATION AND CERTIFICATION

Truthfulness: I certify that this application and its attachments are complete and truthful to the best of my knowledge.

Review authorization: I authorize appropriate representatives to verify relevant information, contact references, and complete a lawful background review consistent with policy.

Privacy: I understand that this form will be maintained as a confidential membership record and shared only with authorized persons.

Voluntary petition: I apply of my own free will. If accepted, I agree to follow the lawful constitution, bylaws, rules, customs, and decisions of the Lodge or Chapter and Benaiah Sovereign Grand Lodge or Eunice Supreme Grand Chapter, as applicable.

APPLICANT SIGNATURE	DATE
PRINTED NAME	LODGE / CHAPTER SOUGHT

9. FOR LODGE / CHAPTER USE ONLY

Complete this page only through authorized Lodge or Chapter procedures. Follow the governing jurisdiction's investigation, notice, ballot, fee, and records requirements.

DATE RECEIVED _____	MEETING / MINUTES REFERENCE _____
FEES VERIFIED BY _____	BACKGROUND REVIEW STATUS _____
COMMITTEE APPOINTED _____	COMMITTEE REPORT DATE _____
READING / NOTICE DATES _____	BALLOT OR ACTION DATE _____
FILE NUMBER _____	CURRENT STATUS _____

10. INVESTIGATION / MEMBERSHIP COMMITTEE

Committee Member	Signature	Contact Date	Recommendation

Committee findings / attachments:

_____

_____

_____

11. DECISION AND MEMBERSHIP RECORD

DECISION DATE _____	RESULT: ☐ APPROVED ☐ NOT APPROVED _____	MEMBERS PRESENT _____
NOTICE SENT _____	NEXT ACTION / DEADLINE _____	OFFICER INITIALS _____
INITIATION / OBLIGATION DATE _____	MEMBER NUMBER _____	DUES START DATE _____
RECORDS ENTERED BY _____	DATE ENTERED _____	LODGE / CHAPTER SEAL _____

12. OFFICER CERTIFICATION

We certify that this application was reviewed, acted upon, and recorded according to the governing laws and procedures of this Lodge or Chapter and its Grand body.

SECRETARY SIGNATURE _____	PRESIDING OFFICER SIGNATURE _____	DATE / MINUTES REFERENCE _____
PRINTED NAME _____	PRINTED NAME _____	FINAL STATUS _____