



**United National Supreme Council Ancient & Accepted  
Scottish Rite Freemasons of the World  
33rd and Last Degree and Order of Eastern Star, Inc.**  
810 Wooster Street \* Wilmington, NC 28401 \* (910) 763-7706



Date \_\_\_\_\_

Lodge/Chapter \_\_\_\_\_ Number \_\_\_\_\_ City/State \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Sex: M \_\_\_ F \_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

If found worthy in your presence, I am willing to be governed by all Laws and Regulations of the  
UNITED NATIONAL SUPREME COUNCIL, ANCIENT AND ACCEPTED SCOTTISH  
RITE FREEMASONS OF THE WORLD, 33rd and LAST DEGREE AND ORDER OF EASTERN STARS, INC.

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Have you been under the care of a Doctor in the last year? Yes \_\_\_ No \_\_\_ Name of Physician \_\_\_\_\_

Name of Church \_\_\_\_\_ Minister \_\_\_\_\_ Voucher's Signature \_\_\_\_\_

**LIST TWO PERSONS WHOM WE MAY REFER TO FOR REFERENCE**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Fees (Check to indicate which paid): Joining: \_\_\_\_\_ Masons \$62.00 \_\_\_\_\_ Eastern Star \$62.00

Healing: \_\_\_ Masons \$62.00 \_\_\_ Eastern Star \$62 Reinstatement: \$62.00

Date Initiated: \_\_\_\_\_ Sign Your Name in Full \_\_\_\_\_

Medical Examination is required if Applicant is in Poor Health or Under the Care of a Doctor - List Special Skills/Talents on Back