

**Grand Council
New Membership Certificate
Single Member Request Form**

ALL ITEMS ON THIS FORM MUST BE COMPLETED AND PRINTED LEGIBLY

Date of Request: _____

Council Name: _____ No.: _____

Located in (City only): _____

Name of Recorder: _____

New Member Full Name: _____

New Member MMS Membership No.: _____

Degree Work Completion Dates:

Royal Master: _____

Select Master * : _____

Super Excellent Master ** : _____

* Degree required for full membership

** Degree required for officers