

## ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY APPLICATION for DUAL JURISDICTION MEMBERSHIP

for

PRINT NAME IN FULL	(DEGREE)	(Primary Valley Member # on dues card)
I am a member in good standing of the Scottish R	tite, Valley of	in the
	Jurisdiction.	
This is my request for DUAL (secondary) MEMI	BERSHIP status in the Val	ley of
in the	Jurisdiction.	
I understand that in making this application for D	oual Membership, the follow	wing rules will apply:
a) That the rules and regulations of my prim		
b) That I am not eligible for Honors except i		
c) That in my secondary Valley I may serve		
	must maintain good stand	ing in both my Masonic Lodge and primary
Scottish Rite Bodies.		
	Signature of Ap	plicant for Dual Membership
PLE	ASE ANSWER IN FU	LL
Mailing	Date of Birth	1:
Address:		
		Lodge: No
	Location:	
Residence	Work Phone	
Address:	Home Phone	·
	Date of Primary Valley Scottish Rite Degrees:	
		Chapter:
Occupation:	Council: _	Consistory:
VAI	LLEY CERTIFICATION	ON
I CERTIFY that I have verified the paid-up dues	status of this member's pr	imary Valley membership. On
1	this member was voted/acc	cepted as a dual member of this Valley. I have
notified the primary Valley Secretary of this act Sovereign Grand Commanders of each jurisdict		a copy of this application to him and to the
Signature of Secondary Valley Secretary	Date	Date of Dual Affiliation
Primary Valley Name:	Secondary Valley Name:	
Street:		
City/State/Zip:	and the second s	
Phone:	<b>7.1</b>	