



**MOST WORSHIPFUL STRINGER GRAND LODGE F. & A. M.**  
**JURISDICTION OF MISSISSIPPI**  
**PRINCE HALL AFFILIATION**



**APPLICATION FOR REINSTATEMENT**

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
City State Zip Code  
 Email Address: Home: \_\_\_\_\_ Other: \_\_\_\_\_  
 Telephone: Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
mo/day/year City County State Country  
 Occupation: \_\_\_\_\_

Please answer the following questions completely

1. Are you  Single  Married  Divorced  Widowed  
 If married, wife's name: \_\_\_\_\_  
 Address if different from yours \_\_\_\_\_
2. Do you believe in God?  Yes  No  
 a. Do you believe in the immortality of the soul?  Yes  No  
 b. Name and location of church, if you are a member: \_\_\_\_\_
3. Do you have any habits that could be regarded as immoral or un-masonic?  Yes  No
4. Have ever been convicted of: (Check all that apply)  Murder  Theft  Treason
5. Do you have any physical and/or medical defects or illness that would cause you to be a burden to this lodge?  Yes  No If yes, please explain: \_\_\_\_\_
6. Do you have any physical and/or medical defects or illness that would prevent you from being totally active as a mason?  Yes  No If yes, please explain: \_\_\_\_\_
7. a. Are you reinstating into the same lodge in which you held your last membership?  Yes  No  
 b. If the answer to 7a is no, have you applied for a demit?  Yes  No
8. If the answer to 7a is no, please complete this item as accurately as possible:  
 a. State reasons for becoming inactive: \_\_\_\_\_  
 b. Name and number of last lodge membership: \_\_\_\_\_  
 c. Address of last lodge membership: \_\_\_\_\_  
 d. Do you have a past traveling card from this lodge?  Yes  No
9. Date (year) of your last affiliation with last lodge membership: \_\_\_\_\_
10. Do you agree to obey all laws and regulations of this lodge and the Grand Lodge, and to honor the summons therefrom?  Yes  No
11. Name of beneficiary: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
 a. Address of beneficiary: \_\_\_\_\_  
 b. Beneficiary's Telephone #: \_\_\_\_\_

Signature of applicant \_\_\_\_\_

**For Lodge Use Only**

Action taken by Lodge: Date Received: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Investigating Committee (if necessary) Chairman: \_\_\_\_\_ Members: \_\_\_\_\_

Fees Paid: GL Reinst. \_\_\_\_\_ GL Dues \_\_\_\_\_ Local Past Fees \_\_\_\_\_ Local Dues \_\_\_\_\_ Total \_\_\_\_\_

Approval from Grand Lodge:  Yes  No Demit Status \_\_\_\_\_

Benefit Status in GL: \_\_\_\_\_

Benefit Status in local lodge: \_\_\_\_\_

If admitted, date of admission: \_\_\_\_\_