



**APPLICATION FOR REINSTATING
Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons
Jurisdiction of North Carolina, Incorporated
(Please Print Legibly)**

To the Master, Wardens and Members of _____ Lodge No. _____ F. & .M.
 Located at _____ City _____ North Carolina
 I _____ beg leave to Reinstate.
 Should my petition be granted, I will cheerfully conform to all the ancient established usages and customs of the Fraternity.
 Mailing address _____ City _____ State _____ Zip Code _____
 Date of Birth _____ Age _____ Place of Birth _____
 Married or Single _____ Wife's maiden name _____ Occupation _____
 State, county and date of marriage _____
 I was raised in _____ Lodge, No. _____ Date _____
 I lost my membership as an active Mason in the year of _____, because _____

 Were you a Past Master? _____ Beneficiary _____ Relationship _____
 Beneficiary address _____
 Secondary Beneficiary _____

Signed _____
 Telephone No. () _____

I fully understand that I will not be eligible for the Benevolence Death Benefit if I am 55 years old.

*** Benevolent Benefits start over prorated over a three-year period as of the reinstatement date***

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Do not complete if member is 55 years or older

Physician's Health Certificate

Name _____ Address _____
 Married or Single _____ Date of Birth _____ Age _____
 General appearance as to health _____
 Have you ever had a habitual cough? _____ Disease of the bladder? _____ Disease of the Kidney? _____
 Girth of chest, full inspiration _____ expiration _____ Respirations _____ per minute
 Height _____ Weight _____ Rate of pulse _____ per minute
 Is respiration murmur clear in every part of Lungs? _____ Regular? _____
 Blood pressure: Systolic _____ Diastolic _____ any medication? _____
 Is action of heart normal? _____ Any indication of disease in any of the vital organs? _____
 Any serious operations? _____

I do hereby certify that I have examined the applicant named above as required, and the answers are correct, except those entered on information, and these are believed to be correct.

Signed, this the _____ day of _____ 20 _____

 M.D.

Address _____

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Date Reinstated _____ Declined _____

Certified by _____ Lodge Secretary

Submit with proper fees to the Grand Lodge accompanied by a Supplementary Report Form