



## **Restoration Application**

| Lodge Name _                    |                                      | No              |                          |             |        |
|---------------------------------|--------------------------------------|-----------------|--------------------------|-------------|--------|
|                                 | Working u<br>st Worshipful Prince Ha | nder a Cl       | narter from the          |             |        |
| Name:                           |                                      | _ SSN:          |                          | Home Phone  | e No.: |
| Mailing Address:                |                                      | _ City:         |                          | State:      | Zip:   |
| Permanent Address:              | <b>.</b>                             | _ City:         |                          | State:      | Zip:   |
| Date of Birth:                  | Occupation:                          | Work Phone No.: |                          |             |        |
| Signature                       |                                      | Date            |                          |             |        |
| Committee Members:              | mittee Recommendation                |                 | Favorable<br>Unfavorable |             |        |
|                                 | Name                                 |                 | Name                     |             | Name   |
|                                 | Name                                 |                 | Name                     |             | Name   |
| Date of Lodge Acc               | eptance                              | or              | Date of Lodge            | Rejection _ |        |
| Signature of Worshipful Master: |                                      | Date:           |                          |             |        |
| Signature of Lodge              | e Secretary:                         |                 |                          | Date:       |        |

**Seal of Lodge** 

| Medical Stat                        | ement and Clearance from Medical Physician                               |                |  |  |
|-------------------------------------|--|----------------|--|--|
| Mr                                  | is physically fit and has no terminal illness detected.  Affix Dr. Stamp |                |  |  |
| Physician's Full Name (Print)       |  |                |  |  |
| Physician's Signature               |  |                |  |  |
| Date                                |  |                |  |  |
|                                     | GRAND LODGE USE ONLY   |                |  |  |
| Date Joined                         |  |                |  |  |
| Paid to Date at Time of Suspension: |  |                |  |  |
| Endowment Class/Amount:             | Amount of GL Taxes in Arrears:  Amount of Endowment Dues in Arrears:     | \$             |  |  |
| Burial Class/Amount:                | Amount of Burial Dues in Arrears:  | \$             |  |  |
|                                     | Amount of Registration Due:  | \$             |  |  |
|                                     | <b>Amount of Assessment Due:</b>   | \$             |  |  |
|                                     | <b>Total Amt owed Grand Lodge:</b>                                       | \$             |  |  |
|                                     | <b>Total Restoration Fee:</b>  | \$             |  |  |
| Approved / Denied                   |  |                |  |  |
| Date                                | Corey D. Hawkins, Sr., Es<br>M.W.P.H.G.L., F. & A. M                     | <del>-</del> · |  |  |