



# ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY

Valley of Boston

Northern Masonic Jurisdiction of the United States of America

## APPLICATION FOR DEGREES

*To the Officers and Members of the Scottish Rite Bodies sitting in the Valley of Boston:*

I, ..... (please print your full name), the undersigned hereof, respectfully show that I am desirous of being admitted as a member of

**BOSTON LAFAYETTE LODGE OF PERFECTION, 14°**

**GILES F. YATES COUNCIL, PRINCES OF JERUSALEM, 16°**

**MOUNT OLIVET CHAPTER OF ROSE CROIX, 18°**

**MASSACHUSETTS CONSISTORY, S. : P. : R. : S. : ., 32°**

and request that I may be received among you, and that I will ever pray for the prosperity and glory of the Fraternity and the welfare of the Brethren.

In making this application, I promise on my word of honor that should I be elected and become a member of your honorable Body, I subscribe to the following

### OATH OF FEALTY:

“I, the undersigned, do hereby promise on my word of honor, and swear true faith, allegiance, and fealty to the Supreme Council of Sovereign Grand Inspectors General of the Thirty-third and Last Degree of the Ancient Accepted Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, sitting at its Grand East in the town of Lexington, Massachusetts, and will support and abide by its Constitutions, Orders and Decrees.

“That I will hold allegiance to the said Supreme Council and be loyal thereto, as the supreme authority of the Rite; will hold illegal and spurious every other body that may be established within its Jurisdiction, claiming to be a Supreme Council to which said Supreme Council has not extended due recognition as such; and every other Body of said Rite within the same Jurisdiction that does not hold its powers from said Supreme Council, or from a Supreme Council recognized by it, and will hold no communication whatever in Scottish Rite Masonry with any member of the same nor allow him to visit any Body of the Rite of which I may be a member; and I will dispense justice to my Brethren according to the laws of equity and honor.

“And should I violate this, my solemn vow and pledge, I consent to be expelled from Scottish Rite Masonry, and all rights therein and in any Body of the Rite, and to be denounced to every Body of the Ancient Accepted Scottish Rite in the world as a traitor and forsworn.

“And may God aid me to keep and perform the same. Amen.”

Signed (your name in full): ..... Date: .....

*(Optional) Please tell us who gave you this application:* .....

PLEASE PRINT NAME

*Applicant will please complete information on reverse side.*

Please print or type all information:

Full name: .....  
FIRST MIDDLE LAST

Birth Date: ..... Place of Birth: .....  
MONTH DAY YEAR

Name of Spouse (if applicable): .....

Mailing Address: .....  
STREET ADDRESS CITY OR TOWN STATE ZIP CODE

Profession or Occupation: .....

Employer: ..... Business Address: .....

Home Phone: ( ..... ) ..... Business Phone: ( ..... ) .....

E-Mail Address: .....

Fax (if any): ( ..... ) .....

I am a Master Mason in good standing in ..... Lodge, A.F. & A.M.

Located at: .....  
CITY AND STATE

I was raised to the Degree of Master Mason in ..... Lodge, A.F. & A.M.

Located at: .....  
CITY AND STATE

Have you ever before petitioned for any Degrees in the Scottish Rite and been accepted or rejected?

Yes  No  If Yes, to which Valley and when? .....

**FEES**

BOSTON LAFAYETTE LODGE OF PERFECTION, 14°	\$ 44
GILES F. YATES COUNCIL, PRINCES OF JERUSALEM, 16°	\$ 44
MOUNT OLIVET CHAPTER OF ROSE CROIX, 18°	\$ 44
MASSACHUSETTS CONSISTORY, S.:P.:R.:S.:32°	\$ 68
	\$200

The fee for the Degrees does *not* include the annual membership dues to which a member is subject.

**FOR OFFICE USE ONLY**

Amount Enclosed \$ \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Member # \_\_\_\_\_

A check for \$200.00 payable to *Scottish Rite Bodies* is enclosed.

I want to pay by credit card:  MasterCard  Visa

Credit Card Number:

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Expiration Date:      
Month Year

Signature .....

Credit Card Billing Address:

Name: .....

Street Address: .....

City, State, Zip: .....

Please mail completed application and payment to  
 SCOTTISH RITE BODIES, 186 TREMONT STREET, SUITE 705, BOSTON MA 02111 TEL: 617-426-8228