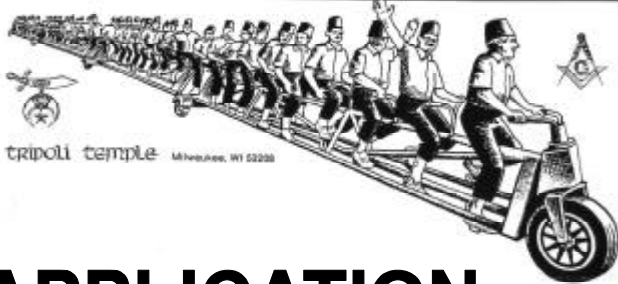


# LONG RIDERS



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SPOUSE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

### MASONIC AFFILIATIONS

MASONIC LODGE \_\_\_\_\_ # \_\_\_\_\_

OF \_\_\_\_\_

SCOTTISH RITE BODIES

YORK RITE BODIES

OTHER \_\_\_\_\_

I the undersigned do hereby request affiliation as an active (riding) / social (non-riding) member of the Long Rider Unit of Tripoli.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date