



MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

FREE & ACCEPTED MASONS OF NORTH CAROLINA & JURISDICTION, INC.

APPLICATION FOR MEMBERSHIP MASTER MASON FOR THE ORDER OF THE EASTERN STAR

The Grand Chapter Order of the Eastern Star Rite of Adoption for the State of North Carolina An Affiliate of the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc. is the auxiliary to the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc.

A Master Mason, in good financial standing, may apply for membership into a constituent chapter of the Grand Chapter Order of the Eastern Star Rite of Adoption for the State of North Carolina An Affiliate of the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc.

Master Mason's Application's for Membership into the Order of the Eastern Star must receive a unanimous ballot vote for approval. The Investigation Committee should consist of a minimum of three (3) members and a maximum of five (5) members. The Worthy Patron is a part of the committee.

The constituent chapter shall inform the applicant of all fees associated with the application for membership. The constituent chapter is responsible for submitting a supplemental report to the Office of the Grand Secretary, Order of the Eastern Star, to ensure the addition of the members name to the rolls of the Grand Chapter.



**THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED
MASONS OF NORTH CAROLINA AND JURISDICTION, INC.
APPLICATION FOR MEMBERSHIP—MASTER MASON ORDER OF THE EASTERN STAR**

NAME _____
 ADDRESS _____
 CITY _____, NC ZIP CODE _____
 PHONE NUMBER HOME (_____) _____
 PHONE NUMBER CELL (_____) _____
 EMAIL ADDRESS _____
 MARITAL STATUS (CHECK STATUS)
 _____ SINGLE _____ MARRIED _____ SEPERATED _____ DIVORCED _____ WIDOW
 WIFE NAME _____
 NUMBER OF CHILDREN _____ SON(S) _____ DAUGHTER(S) _____
 SON(S) NAME(S) _____
 DAUGHTER(S) NAME(S) _____
 EMPLOYMENT STATUS (CHECK STATUS)
 _____ EMPLOYED _____ RETIRED _____ UNEMPLOYED
 PROFESSION _____
 EMPLOYER _____
 EMPLOYMENT ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 SUPERVISOR _____
 SUPERVISOR PHONE NUMBER (_____) _____
 LODGE NAME _____ LODGE NUMBER _____
 IS THE LODGE THE SPONSORING LODGE OF THE CHAPTER? _____ YES _____ NO
 HAVE YOU EVER APPLIED TO A CHAPTER FOR MEMBERSHIP BEFORE? _____ YES _____ NO
 IF YES, WHAT CHAPTER _____ DATE APPLIED _____
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO
 IF YES, CHARGE _____ DATE OF CONVICTION _____
 ARE YOU AFFILIATED WITH THE NAACP? _____ YES _____ NO
 ARE YOU A REGISTERED VOTER? _____ YES _____ NO
 _____ DATE _____

SIGNATURE OF APPLICANT

THE APPLICANT MUST BE FINANCIAL IN HIS SYMBOLIC LODGE (LODGE SEAL REQUIRED)

_____ DATE _____
 PRINTED NAME AND SIGNATURE OF LODGE SECRETARY

_____ DATE _____
 PRINTED NAME AND SIGNATURE OF WORSHIIPFUL MASTER



**THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND
ACCEPTED MASONS OF NORTH CAROLINA AND JURISDICTIONS, INC.
MEDICAL CARE CERTIFICATE**

**A MEDICAL CARE CERTIFICATE IS REQUIRED WITH ALL
APPLICATION FOR MEMBERSHIP—MASTER MASON ORDER OF THE EASTERN STAR**

APPLICANT NAME _____

APPLICANT ADDRESS _____

CITY _____, NC ZIP CODE _____

APPLICANT PHONE NUMBER HOME (_____) _____

APPLICANT PHONE NUMBER CELL (_____) _____

APPLICANT EMAIL ADDRESS _____

DATE OF BIRTH _____ AGE _____ MARRIED ___ YES ___ NO

TO BE COMPLETED BY PHYSICIAN

HEIGHT _____ INCHES WEIGHT _____ POUNDS BLOOD PRESSURE _____ / _____

DOES THE APPLICANT HAVE ANY MEDICAL CONDITION(S) THAT MAY HINDER OR PREVENT HIM FROM KNEELING OR MARCHING? ___ YES ___ NO

HAS THE APPLICANT HAD ANY SERIOUS OPERATION(S)? ___ YES ___ NO

HAS THE APPLICANT HAD ANY EXTENDED HOSPITAL STAYS? ___ YES ___ NO

DOES THE APPLICANT HAVE A PACEMAKER? ___ YES ___ NO

DOES THE APPLICANT HAVE ANY PROSTHETIC(S)? ___ YES ___ NO

HOW DO YOU RATE THE APPLICANT’S HEALTH? ___ EXCELLENT ___ GOOD

___ FAIR ___ POOR

DATE _____

PRINTED NAME AND SIGNATURE OF APPLICANT

DATE _____

PRINTED NAME AND SIGNATURE OF PHYSICIAN

ADDRESS _____



**THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND
ACCEPTED MASONS OF NORTH CAROLINA AND JURISDICTIONS, INC.
NATIONAL BACKGROUND CONSENT FORM**

**A NATIONAL BACKGROUND CHECK IS REQUIRED FOR ALL
APPLICATION FOR MEMBERSHIP–MASTER MASON ORDER OF THE EASTERN STAR**

APPLICANT NAME _____

APPLICANT ADDRESS _____

CITY _____, NC ZIP CODE _____

APPLICANT PHONE NUMBER HOME (_____) _____

APPLICANT PHONE NUMBER CELL (_____) _____

APPLICANT EMAIL ADDRESS _____

YOU WILL RECEIVE AN EMAIL TO INITIATE YOUR BACKGROUND CHECK. YOU WILL BE ASKED TO PROVIDE KEY INFORMATION TO COMMENCE THIS PART OF THE PROCESS. THE MEMBERSHIP PROCESS CANNOT BE COMPLETED WITHOUT A NATIONAL BACKGROUND CHECK COMPLETED.

I, _____, CONSENT TO AND UNDERSTAND THAT A NATIONAL BACKGROUND CHECK IS REQUIRED WITH MY APPLICATION FOR MEMBERSHIP INTO THE ORDER OF THE EASTERN STAR. THE REPORT WILL BE SENT TO THE WORTHY PATRON. THE WORTHY PATRON’S EMAIL ADDRESS IS _____.

DATE _____
PRINTED NAME AND SIGNATURE OF APPLICANT



**THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED
MASONS OF NORTH CAROLINA AND JURISDICTION, INC.
REPORT OF THE INVESTIGATION COMMITTEE
APPLICATION FOR MEMBERSHIP—MASTER MASON ORDER OF THE EASTERN STAR**

DATE _____, 20____

TO THE WORTHY MATRON, OFFICERS, BROTHERS AND SISTERS OF

CHAPTER NUMBER _____. WE THE
INVESTIGATION COMMITTEE PROVIDE THE FOLLOWING REPORT. WE
INVESTIGATED:

___ MR. _____ FOR MEMBERSHIP
INTO THE ORDER OF THE EASTERN STAR
HE RESIDES AT ADDRESS

CITY _____, NC ZIP CODE _____

PHONE NUMBER HOME (_____) _____

PHONE NUMBER CELL (_____) _____

EMAIL ADDRESS _____

HIS MARITAL STATUS IS

___ MARRIED ___ SEPERATED ___ DIVORCED ___ WIDOW

WIFE NAME _____

NUMBER OF CHILDREN _____ SON(S) ___ DAUGHTER(S) ___

SON(S) NAME(S) _____

DAUGHTER(S) NAME(S) _____

EMPLOYMENT STATUS

___ EMPLOYED ___ RETIRED ___ UNEMPLOYED

PROFESSION _____

APPLICANT EMPLOYER _____

EMPLOYMENT ADDRESS _____

CITY _____ STATE ___ ZIP CODE _____

HAVE YOU APPLIED TO A CHAPTER FOR MEMBERSHIP BEFORE? YES NO

IF YES, WHAT CHAPTER _____ DATE APPLIED _____

HAS A NATIONAL BACKGROUND CHECK BEEN COMPLETED? YES NO

DO YOU BELIEVE IN A DEITY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, CHARGE _____ DATE OF CONVICTION _____

ARE YOU AFFILIATED WITH THE NAACP? YES NO

ARE YOU A REGISTERED VOTER? YES NO

HIS WIFE SUPPORTS HIS JOINING THE CHAPTER. YES NO

HIS WIFE HAS THE FOLLOWING CONCERNS: _____

THE COMMITTEE OFFERS THE FOLLOWING COMMENTS/REPORT:

WE RECOMMEND

ACCEPT FOR MEMBERSHIP

DO NOT ACCEPT FOR MEMBERSHIP

COMMITTEE MEMBER

PRINTED NAME _____

SIGNATURE _____

DATE _____

COMMITTEE MEMBER

PRINTED NAME _____

SIGNATURE _____

DATE _____

COMMITTEE MEMBER

PRINTED NAME _____

SIGNATURE _____

DATE _____