



MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

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

THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED MASONS OF NORTH CAROLINA AND JURISDICTION, INC. APPLICATION FOR RE-AFFILIATION

PURPOSE. The Application for Re-Affiliation is the process in which an un-affiliated Master Mason may re-establish his affiliation with a constituent lodge of and with the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc.

The Application for Re-Affiliation is only applicable to North Carolina Masons who lost their affiliation status with a constituent lodge under the auspices of the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc. The Application for Re-Affiliation can be submitted to any constituent lodge owing allegiance to the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc.

An Application for Re-Affiliation requires a National Background Check, an Investigation Committee report and a 2/3 vote of the present voting membership at the respective lodge communication.

Master Masons approved for re-affiliation can either reestablish their benevolence to where it would be if they had not become un-affiliated or restart it as of the day approved for re-affiliation.

Supplemental Reports for re-affiliated Master Masons are due to the Office of the Grand Secretary thirty (30) days after the vote to reinstate passes.



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THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED
MASONS OF NORTH CAROLINA AND JURISDICTIONS, INC.
APPLICATION FOR RE-AFFILIATION

APPLICANT NAME _____

APPLICANT ADDRESS _____

CITY _____, NC ZIP CODE _____

APPLICANT PHONE NUMBER HOME (_____) _____

APPLICANT PHONE NUMBER CELL (_____) _____

APPLICANT EMAIL ADDRESS _____

APPLICANT MARITAL STATUS (CHECK STATUS)

____ MARRIED ____ SEPERATED ____ DIVORCED ____ WIDOW

WIFE NAME _____

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

SON(S) NAME(S) _____

DAUGHTER(S) NAME(S) _____

APPLICANT EMPLOYMENT STATUS (CHECK STATUS)

____ EMPLOYED ____ RETIRED ____ UNEMPLOYED

APPLICANT PROFESSION _____

APPLICANT EMPLOYER _____

EMPLOYMENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SUPERVISOR _____

SUPERVISOR PHONE NUMBER (_____) _____

WHAT LODGE DID YOU RECEIVE YOUR DEMIT FROM?

____ LODGE NUMBER _____, DISTRICT _____

LODGE ADDRESS _____

DATE DEMIT RECEIVED? _____

WHY DID YOU REQUEST A DEMIT? _____

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

____ DATE _____

SIGNATURE OF APPLICANT



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THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED
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NATIONAL BACKGROUND CONSENT FORM

**A NATIONAL BACKGROUND CHECK IS REQUIRED FOR ALL
APPLICATIONS FOR RE-AFFILIATION**

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 RE-AFFILIATION PROCESS CANNOT BE COMPLETED WITHOUT
A NATIONAL BACKGROUND CHECK COMPLETED. THE REPORT GOES TO THE
LODGE SECRETARY. THE LODGE'S SECRETARY EMAIL ADDRESS IS

_____.

I, _____, CONSENT TO AND UNDERSTAND
THAT A NATIONAL BACKGROUND CHECK IS REQUIRED WITH MY APPLICATION
FOR RE-AFFILIATION.

_____ DATE _____
PRINTED NAME AND SIGNATURE OF APPLICANT



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THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED
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REPORT OF THE INVESTIGATION COMMITTEE
APPLICATION FOR RE-AFFILIATION

DATE _____, 20_____

TO THE WORSHIPFUL MASTER, WARDENS AND BROTHERS OF
_____, LODGE NUMBER _____. WE THE INVESTIGATION
COMMITTEE PROVIDE THE FOLLOWING REPORT. WE INVESTIGATED:

___ MR. _____ FOR RE-AFFILIATION
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 _____

HE BECAME AN UN-AFFILIATED MASON (DATE) _____ DUE TO

HAS A NATIONAL BACKGROUND CHECK BEEN COMPLETED? ___ YES ___ NO



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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 RETURNING TO THE LODGE. ___ YES ___ NO

HIS WIFE HAS THE FOLLOWING CONCERNS: _____

THE COMMITTEE OFFERS THE FOLLOWING COMMENTS/REPORT:

WE RECOMMEND

- ___ ACCEPT FOR RE-AFFILIATION
- ___ DO NOT ACCEPT FOR RE-AFFILIATION

COMMITTEE MEMBER

PRINTED NAME _____

SIGNATURE _____

DATE _____

COMMITTEE MEMBER

PRINTED NAME _____

SIGNATURE _____

DATE _____

COMMITTEE MEMBER

PRINTED NAME _____

SIGNATURE _____

DATE _____



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MASTER MASON SUPPLEMENTAL REPORT

THIS FORM IS FOR RE-AFFILIATED MASONS

NAME _____
LODGE NAME _____ NUMBER _____
DATE OF BIRTH _____ DATE RAISED _____ INITIATED _____ PASSED _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ EMAIL _____
BENEFICIARY (PRIMARY) _____
RELATIONSHIP _____ PHONE _____
BENEFICIARY (SECONDARY) _____
RELATIONSHIP _____ PHONE _____

MASTER MASON SUPPLEMENTAL REPORT FEES

****THESE ARE THE FEES DUE FOR THE INDIVIDUAL BROTHER.**

4010 BENEVOLENCE TAX (\$12) \$ _____

HOW MANY YEARS WAS THE BROTHER UN-AFFILIATED? _____ X \$12 PER YEAR

HOW MANY MONTHS LEFT IN THIS MASONIC YEAR? _____ X \$1 PER MONTH

4030 GRAND LODGE TAX (\$12) \$ _____

JANUARY-\$12	FEBRUARY-\$11	MARCH-\$10	APRIL-\$9
MAY-\$8	JUNE-\$7	JULY-\$6	AUGUST-\$5
SEPTEMBER-\$4	OCTOBER-\$3	NOVEMBER-\$2	DECEMBER-\$1

FEE DUE IS BASED ON MONTH RAISED

4025 DISTRICT DEPUTY TAX (\$1) \$ 1

4035. KNIGHTS OF PYTHAGORAS TAX (\$2) \$ 2

4020 ST. JOHN'S DAY/CCH (\$2) \$ 2

4040 PRINCE HALL DAY TAX (\$1) \$ 1

4060 APPLICATION FEE (\$10) \$ 10

TOTAL \$ _____

**NOTE: SUPPLEMENTAL REPORTS ARE DUE THIRTY (30) DAYS AFTER
RE-AFFILIATION.**