



# 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  
MASON 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 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 \_\_\_\_\_