



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 RESTORATION

PURPOSE. The Application for Restoration 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.

An Application for Restoration 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 restoration reestablish their benevolence to where it would be if they had not become un-affiliated. The Master Mason is responsible for paying benevolence for the years he was not financial/affiliated.

Restored Master Masons must submit a Beneficiary Declaration with their Application for Restoration.

Supplemental Reports for restored 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.
BENEFICIARY DECLARATION

BROTHER'S NAME _____
LODGE NAME _____ LODGE NUMBER _____
ADDRESS _____
CITY _____, NC ZIP CODE _____
PHONE NUMBER HOME (_____) _____
PHONE NUMBER CELL (_____) _____
EMAIL ADDRESS _____

PRIMARY BENEFICIARY
NAME _____
RELATIONSHIP _____
ADDRESS _____
CITY _____, NC ZIP CODE _____
PHONE NUMBER HOME (_____) _____
PHONE NUMBER CELL (_____) _____
EMAIL ADDRESS _____

SECONDARY BENEFICIARY
NAME _____
RELATIONSHIP _____
ADDRESS _____
CITY _____, NC ZIP CODE _____
PHONE NUMBER HOME (_____) _____
PHONE NUMBER CELL (_____) _____
EMAIL ADDRESS _____

SIGNATURE DATE _____



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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 RESTORATION

DATE _____, 20____

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

___ MR. _____ FOR RESTORATION
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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APPLICATION FOR REINSTATEMENT

I, _____, SUBMIT THIS APPLICATION OF
REINSTATEMENT TO THE BROTHERS OF _____
LODGE NUMBER _____, LOCATED IN THE CITY OF _____, NC.
I BECAME A MASTER MASON IN _____ LODGE NUMBER _____. I
BECAME AN UN-AFFILIATED MASON (DATE) _____ DUE TO

_____.

THE FOLLOWING INFORMATION IS ACCURATE AND CORRECT.

APPLICANT ADDRESS _____

CITY _____, NC ZIP CODE _____

APPLICANT PHONE NUMBER HOME (_____) _____

APPLICANT PHONE NUMBER CELL (_____) _____

APPLICANT EMAIL ADDRESS _____

APPLICANT 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) _____

APPLICANT EMPLOYMENT STATUS (CHECK STATUS)

___ EMPLOYED ___ RETIRED ___ UNEMPLOYED

APPLICANT PROFESSION _____

APPLICANT EMPLOYER _____

EMPLOYMENT ADDRESS _____

CITY _____ STATE ___ ZIP CODE _____

SUPERVISOR _____

SUPERVISOR PHONE NUMBER (____) _____

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

I UNDERSTAND REINSTATEMENT DOES NOT INCLUDE RESTORATION OF
BENEVOLENCE.

_____ DATE _____

SIGNATURE OF APPLICANT

2023 MWPGLNC FORM 4 – APPLICATION FOR RESTORATION



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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

APPROVE FOR RESTORATION

DO NOT ACCEPT FOR RESTORATION

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 RESTORED MASONS

NAME _____

LODGE NAME _____ NUMBER _____

DISTRICT NUMBER _____ REGION _____

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. LODGES CAN SUBMIT ALL FEES FOR THE BROTHERS RESTORATION. WITH TWO CHECKS. ONE FOR GRAND LODGE TAX AND ONE FOR BENEVOLENCE****

4010 BENEVOLENCE 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			
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
4050 NEW MEMBERS FEE (\$50)			\$ 50
4060 APPLICATION FEE (\$17)			\$ 17
TOTAL			\$ _____

NOTE: SUPPLEMENTAL REPORTS ARE DUE THIRTY (30) DAYS AFTER RESTORATION.