



# 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 MEMBERSHIP**

The Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc. (MWPHGLNC) was organized on the 1<sup>st</sup> of March 1870 in the city of Wilmington, North Carolina.

The MWPHGLNC membership consists of like-minded men committed to the principles of brotherly love, relief and truth. The MWPHGLNC constitutes what is properly called “Symbolic Masonry.” The goal of Masonry is ‘to make good men better.’

Symbolic Masonry is the first step, requirement, into the other branches of Masonry. The concordant bodies of Masonry are Capitular, Cryptic, Chivalric and Scottish Rite. The Shrine is not a branch of Masonry, however, membership (present or previous) in Symbolic Masonry is a requirement.

The membership rolls of the MWPHGLNC consists of men who contribute to every sector of our county, city, state and nation. The rolls of Prince Hall Masonry in North Carolina consist of names like Bishop James Walker Hood, Rev. James W. Telfair, George B. White, Dr. Calvin S. Brown, Dr. James Shepherd, Clark S. Brown and Bishop Herbert Bell Shaw.

We are headquartered at 101 East Main Street, Durham, NC, 27701. The MWPHGLNC consists of more than two hundred and fifty (250) constituent lodges across thirty-seven (30) districts.



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### APPLICATION FOR MEMBERSHIP

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, NC ZIP CODE \_\_\_\_\_

APPLICANT PHONE NUMBER HOME (\_\_\_\_\_) \_\_\_\_\_

APPLICANT PHONE NUMBER CELL (\_\_\_\_\_) \_\_\_\_\_

APPLICANT EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER APPLIED TO A LODGE FOR MEMBERSHIP BEFORE? \_\_ YES \_\_ NO

IF YES, WHAT LODGE \_\_\_\_\_ DATE APPLIED \_\_\_\_\_

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

THE APPLICANT MUST BE RECOMMENDED BY TWO FINANCIAL MASTER MASONS

\_\_\_\_\_  
DATE \_\_\_\_\_

PRINTED NAME AND SIGNATURE OF RECOMMENDER

\_\_\_\_\_  
DATE \_\_\_\_\_

PRINTED NAME AND SIGNATURE OF RECOMMENDER



# MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

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## THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED MASONS OF NORTH CAROLINA AND JURISDICTION, INC. ANTI-HAZING DECLARATION

I, \_\_\_\_\_ acknowledge and understand that the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc. does not advocate or condone any form of hazing; we have a zero-tolerance policy.

Should I be accepted for membership, I will not be a participant of any hazing activities. I understand the discovery of such, constitutes my immediate dismissal from the initiation ceremonial works.

‘Hazing’ is defined as any intentional or reckless act(s) taken or any situation created which produces mental or physical discomfort, embarrassment, harassment or ridicule. These activities and situations include, but are not limited to paddling in any form; creation of excessive fatigue; creating or inflicting physical and/or psychological shocks; conducting quests, treasure hunts, scavenger hunts, road trips or any other such activities carried on outside the confines of a house/domicile; public wearing of any apparel or paraphernalia which is conspicuous, not normally in good taste or otherwise banned; engaging in public stunts and buffoonery; morally degrading or humiliating an individual(s) through words or deeds; conducting late (after established hours) sessions which interfere with family or vocation obligations; and the conduct of any activities, express or implied, which are not consistent with the true definition and exemplification of brotherly love, relief and truth.

I submit this Anti-Hazing Declaration with my Application for Membership into a constituent lodge of the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Jurisdiction, Inc.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATE \_\_\_\_\_



# MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

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## 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  
APPLICATIONS FOR MEMBERSHIP**

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 PROSTHETHIC(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 \_\_\_\_\_



# MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

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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 MEMBERSHIP**

DATE \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_ MR. \_\_\_\_\_ FOR MEMBERSHIP

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 EVER APPLIED TO A LODGE FOR MEMBERSHIP BEFORE? \_\_ YES \_\_ NO

IF YES, WHAT LODGE \_\_\_\_\_ DATE APPLIED \_\_\_\_\_

HAS A NATIONAL BACKGROUND CHECK BEEN COMPLETED? \_\_\_ YES \_\_\_ NO



# MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

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

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/RETURNING TO THE LODGE. \_\_\_ YES \_\_\_ NO

HIS WIFE HAS THE FOLLOWING CONCERNS: \_\_\_\_\_

THE COMMITTEE OFFERS THE FOLLOWING COMMENTS/REPORT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF CHOSE TO BE COME A MEMBER WHO WILL YOUR BENIFICARY BE?

- NAME \_\_\_\_\_ (PRIMARY) RELATION \_\_\_\_\_
- NAME \_\_\_\_\_ (SECONDARY) RELATION \_\_\_\_\_

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 \_\_\_\_\_



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**THE MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF FREE AND ACCEPTED  
MASONS OF NORTH CAROLINA AND JURISDICTION, INC.  
MASTER MASON SUPPLEMENTAL REPORT  
THIS FORM IS FOR NEWLY RAISED 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 (2 Checks Required)**

**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 (\$10)** \$ 10

**TOTAL** \$ \_\_\_\_\_

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