



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 1st 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



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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
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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 _____



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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



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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 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 _____



MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF

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SUPPLEMENTAL REPORT

DATE _____

NAME _____
 LODGE NAME _____ NUMBER _____
 DATE OF BIRTH _____ DATE RAISED _____ INITIATED _____ PASSED _____
 DATE LODGE APPROVED REINSTATEMENT, RE-AFFILIATION _____
 DATE HEALED _____ DATE RESTORED _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE _____ EMAIL _____
 BENEFICIARY _____ RELATIONSHIP _____
 BENEFICIARY _____ RELATIONSHIP _____
 BENEFICIARY _____ RELATIONSHIP _____
 BENEFICIARY _____ RELATIONSHIP _____

SUPPLEMENTAL REPORT FEES

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, REINSTATED, RE-AFFILIATED, HEALED
 IF BROTHER IS BEING RESTORED, BENEVOLENCE TAX IS \$12 X YEARS UNAFFILIATED \$ _____

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, REINSTATED, RE-AFFILIATED, HEALED

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) NEW MEMBERS ONLY \$ 50
4060 APPLICATION FEE (\$17) \$ 17

TOTAL \$ _____

SUPPLEMENTAL REPORTS REQUIRE TWO (2) CHECKS:

- CHECK 1 - BENEVOLENCE – CALCULATION OF 4010 ABOVE
- CHECK 2 - GRAND LODGE TAXES – CALCULATION 4030, 4025, 4035, 4020, 4040, 4050 (IF APPLICABLE) AND 4060

SUPPLEMENTAL REPORTS ARE DUE THIRTY (30) DAYS AFTER RAISING,
 REINSTATEMENT, RE-AFFILIATION, RESTORATION OR HEALING.
 MWPHGLNC FORM III, 2024 – MWPHGLNC SUPPLEMENTAL REPORT