



ANCIENT AND ACCEPTED SCOTTISH RITE

SOUTHERN JURISDICTION

VALLEY OF RICHMOND, ORIENT OF VIRGINIA

PO Box 9581, Henrico, VA 23228-0581

EMAIL – srsecy@richmondscottishrite.org PHONE – 804-264-2050

2024 FALL DEGREE CONFERRAL

IN MEMORY OF

Bro. William Samuel Richardson, 32° KCCH

PETITION

October 12, 2024

DEGREE FEE (includes 2025 dues) \$300.00

**FEE INCLUDES A \$20.00 NON-REFUNDABLE DEPOSIT
WHICH MUST ACCOMPANY THE PETITION**

PRINT ALL INFORMATION

NAME (In Full) _____ PREFERRED NAME _____

MAILING ADDRESS _____ PHONE: _____

CITY, STATE, ZIP _____ CELL: _____

DATE OF BIRTH _____ AGE _____ BIRTH PLACE _____

OCCUPATION _____ EMAIL _____

(If retired, show occupation at time of retirement)

EMPLOYED BY _____ WORK PHONE: _____

WIFE'S NAME: _____

I am now a Master Mason in good standing in _____ LODGE NO. _____

Located in _____

“THE SUPREME COUNCIL REQUIRES ACCEPTANCE OF THE FOLLOWING FUNDAMENTAL PRINCIPLES:
Wholehearted approval of the inculcation of patriotism, respect for law and order, undying loyalty to the principles of civic and religious liberty, separation of church and state, and protection of and respect for all individual rights as set forth in the Constitution of the United States of America. **Signature below denotes acceptance of these fundamental principles.**

APPLICANT SIGN HERE: _____

Recommended and vouched for by:
(Two SR Masons or Worshipful Master
and Secretary of Blue Lodge under seal)

(Attach a copy of your Blue Lodge dues card.)

1. **PRINT NAME:** _____ Phone _____

2. **PRINT NAME:** _____ Phone _____

OFFICE USE ONLY	
FEES	\$ _____
DUES	\$ _____
DEPOSIT	\$ _____
BALANCE DUE	\$ _____

You may pay by cash, check, or credit card: VISA _____ MC _____ DISC _____

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

Signature Authorization: _____

THIS FORM VOID AFTER 10/12/2024