



Reinstatement Application^L

Lodge Name		No				
Most Wo	Working rshipful Prince H		arter from t Lodge, F. &		na	
Name:	SSN:		Home Phone No.:			
Mailing Address:		City:		State:	Zip:	
Permanent Address:		City:		State:	Zip:	
Date of Birth:	Occupation:	Occupation:			Work Phone No.:	
Signature & Membership No			Date			
		DGE USE				
Investigation Committee RecommendationsFavoUnfa						
Committee Members:		_				
	Name		Name		Name	
	Name		Name		Name	
Date of Lodge Acceptance	ce	or	Date of I	Lodge Rejection		
Signature of Worshipful Master				Date		
Signature of Lodge Secretary				Date		
					Seal of Lodge	
	GRAN	D LODGE	USE ONLY			
Reinstatement Fee	Taxes	Regis	tration	Assessmen	nt(s)	
Approved / Denied	Total	Amount D	ue to Reinst	ate \$		
Date:	_		•	Hawkins, Sr., Eso G.L., F. & A. M.	- /	