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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *New Member Form* | | | | | | | | | | | | | | | | | | | | | | |
| Please fill out **ALL** the following information for **ALL** new York Rite Members. I will enter ALL of the information into the YRIS **and** Iowa databases. If the member would like any information to **NOT** be published, please highlight or note on this form. Thank you in advance for your assistance.  *Please return this form to the Grand Recorder’s*  *Office, within 5 days of initiation or with your monthly report, whichever is earlier!* | | | | | | | | | | | | | | Database | | | Membership # | | |  | | Date Entered |
| Local | | |  | | |  | |  |
|  | | |  | | |  | |  |
| *Grand Recorder’s Section Below* | | | | | | | | |
| IA – Access Database | | |  | | |  | |  |
|  | | |  | | |  | |  |
| YRIS – Grand Encampment | | |  | | |  | |  |
|  | | |  | | |  | |  |
| Name |  | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | State | | | | |  | | | | Zip |  | | | | | | |
| Home # |  | | | | Work # | | | | |  | | | | | | | | | | | | |
| Cell # |  | | | | Other # Specify | | | | |  | | | | | | | | | | | | |
| Home Email: |  | | | | | | | | | | | | | | | | | | | | | |
| Work Email |  | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth |  | | Birth Place | | | | |  | | | | | | | | | | | | | | |
| Spouse / Lady |  | | | | | | | | | | | | | | | | | | | | | |
| Children |  | | | | | | | | | | | | | | | | | | | | | |
| Employer |  | | | | | | | | | | | | | | | | | | | | | |
| Position |  | | | | | | | | | | | | | | | | | | | | | |
| **Blue Lodge** |  | **#** |  | | | | | | **City** | | | |  | | | | | | | | | |
|  |  |  |  | | | |  | | | | | | | | | | | |  | |  | |
| Date YR   * Petition: |  |  | Date of Vote: | | | |  | | | | | | | | | | |  |  | | Rejected | |
|  |  | |  | |
|  |  | | Accepted | |
| **Chapter Name** |  | **#** |  | | | | | | **City** | | | |  | | | | | | | | | |
| Date Mark Master |  | | | Date  Past Master: | | | | | | | | |  | | | | | | | | | |
| Most Exc. Master |  | | | Date Royal  Arch Mason | | | | | | | | |  | | | | | | | | | |
| **Council Name** |  | **#** |  | | | | | | **City** | | | |  | | | | | | | | | |
| Royal Master Date |  | | | Date  Select Master | | | | | | | | |  | | | | | | | | | |
| Super Excellent Master |  | | |  | | | | | | | | |  | | | | | | | | | |
| **Comm. Name** |  | **#** |  | | | | | | **City** | | | |  | | | | | | | | | |
| Red Cross Date |  | | | Malta  Date | | | | | | | | |  | | | | | | | | | |
| Order  Temple |  | | |  | | | | | | | | ***Required*** 1st Line Signer | |  | | | | | | | | |