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** lowa 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		
Gran	d Recorder's Secti	ion Below
IA – Access Database		
YRIS – Grand Encampment		

Name		
Address		
City		State Zip
Home #		Work #
Cell #		Other# Specify
Home Email:		
Work Email		
Date of Birth		
Spouse / Lady		
Children		
Employer		
Position		
Blue Lodge	· ·	City
Chapter Name	#	
Date Mark		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