



ANCIENT ACCEPTED
SCOTTISH RITE OF FREEMASONRY
 NORTHERN MASONIC JURISDICTION OF THE UNITED STATES OF AMERICA

NORTHERN NEW JERSEY
 114 ALGONQUIN PARKWAY WHIPPANY, NJ 07981-1650
 VOICE: (908) 688-7483 EMAIL: VALYNNJ@AOL.COM

APPLICATION FOR DEGREES

I, _____ (print your full name) the undersigned hereof respectfully show that I am desirous of being admitted as a member of the

Northern New Jersey Lodge of Perfection
Northern New Jersey Council Princes of Jerusalem
Northern New Jersey Chapter of Rose Croix
New Jersey Consistory

and request that I may be receive among you, and that I will ever pray for the prosperity and glory of the Fraternity and the welfare of the Brethren.

In making this application, I promise on my word of honor that should I be elected and become a member of your honorable Body, I subscribe to the following.

Oath of Fealty

“I, the undersigned do hereby promise on my word of honor, and swear true faith, allegiance and fealty to the Supreme Council of Sovereign Grand Inspectors General of Thirty-third and Last Degree of the Ancient Accepted Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, sitting at its Grand East in the Town of Lexington, Massachusetts, of which the Illustrious David A. Glattly, 33” is the Sovereign Grand Commander, and will support and abide by its Constitution, Orders and Decrees.”

“That I will hold allegiance to the said Supreme Council and be loyal thereto, as the supreme authority of the Rite; will hold illegal and spurious every other Body that may be established within its Jurisdiction, claiming to be a Supreme Council to which said Supreme Council has not extended due recognition as such; and every other Body of said Rite within the same Jurisdiction that does not hold its powers from said Supreme Council, or from a Supreme Council recognized by it, and will hold no communication whatever in Scottish Rite Masonry with any member of the same nor allow him to visit any Body of the Rite of which I may be a member; and I will dispense justice to my brethren according to the laws of equity and honor.”

“And should I violate this my solemn vow and pledge, I consent to be expelled from Scottish Rite Masonry, and all rights therein and in any Body of the Rite, and to be denounced to every Body of the Ancient Accepted Scottish Rite in the world as a traitor and forsworn.”

Full Legal Name (no initials): _____

Signed (your name in full): _____ Date: _____

	First Line Sponsor	Second Line Sponsor
Name (please print)		
Signature		
Membership Number		

REQUIRED APPLICANT INFORMATION

All information is required. If a particular item does not apply, enter "NA." Please print all information legibly. Illegible applications may result in a delay in processing your petition.

PERSONAL INFORMATION							
Last Name		First Name		Full Middle Name		Suffix	
Nickname		Name, Preferred on Namebadge			Spouse Name		
Birth Date (Month, Day, Year)		Place of Birth (City, State, Country)		Profession or Occupation		Check <input checked="" type="checkbox"/> if Retired	
Current Home Street Address			Apartment #	City		State	Zip Code
How Long have you lived at this address:				How long have you lived in New Jersey?			
Military Branch:		Start Date:	Discharge Type:		Discharge Date		
Cell Phone Number		Home Phone Number		Work Phone Number		Email	

MASONIC AFFILIATION						
I am a member of:	Lodge No.	Lodge Name:		Lodge City:	Lodge State:	Lodge Country:
I am was raised in:	Lodge No.	Lodge Name:		Lodge City:	Lodge State:	Lodge Country:
<i>The following question must be answered.</i>						
Have you ever before petitioned for any degrees in the Scottish Rite and been accepted or rejected?				Check here if "Yes"	Check here if "No"	
<i>Complete the following if you answered "Yes" to the previous question.</i>						
Name and location of the Valley that was petitioned:					Date the petition was submitted:	
I am interested in volunteering with: <input type="checkbox"/> Cast <input type="checkbox"/> Stage <input type="checkbox"/> Sound <input type="checkbox"/> Lighting <input type="checkbox"/> Wardrobe <input type="checkbox"/> Make-up <input type="checkbox"/> Music <input type="checkbox"/> Reception & Hospitality <input type="checkbox"/> Knights of St. Andrew						

PAYMENT INFORMATION

INITIATION FEE SCHEDULE	
Initiation Fee	\$200
Initiation Fee (ordained clergy only)	Waived

DUES SCHEDULE (ALL CLASS MEMBERS)	
Members of the Spring Class	\$130.00
Members of the Fall Class	\$130.00

CALCULATE YOUR FEES AND DUES PAYABLE HERE	
Initiation Fee	
Dues	
Total Amount Due	

Payment Method: CASH CHECK # ___ CREDIT

Full payment must accompany your completed petition. If you are paying by credit card the following must be completed.
 American Express Discover MasterCard Visa

Credit Card Number															
Expiration Date (MM/YY)								CSV							
Credit Card Billing Address (If Different From Address Given Above)															
Name															
Street Address															
City, State, ZIP Code															

Return with Required Fees To:
 Valley of NNJ
 114 Algonquin Parkway, Whippany, NJ 07981-1650