Petition for Initiation
Total initiation fee is $175.00

Non-Refundable Down Payment of ***$35.00 MUST ACCOMPANY YOUR PETITION***
Return to: **Dallas Scottish Rite, Bodies, 500 South Harwood Street, Dallas, TX 75201-6210**

To the Officers and Members of Dallas Lodge of Perfection, Dallas Chapter of Rose Croix, Dallas Council of Kadosh and Dallas Consistory of the Ancient and Accepted Scottish Rite of Freemasonry, located at Dallas, Texas: I, the undersigned, respectfully petition to receive the Scottish Rite Degrees 4° - 32°, and hereby certify to the following:

If so required, have you passed a Blue Lodge proficiency examination in the Master Masons Degree? Yes No

Do you promise to bear true Faith and Allegiance to the Supreme Council, 33° S.J.U.S.A.? Yes No

Do you approve of the "Inculcation of Patriotism and Respect for Law and Order?" "The entire separation of Church and State?" "Opposition to every attempt to appropriate public monies – Federal, State or Local – directly or indirectly, for the support of sectarian or private institutions? Yes No

Have you ever held or expressed opinions contrary to the foregoing or been affiliated with any organization which has? Yes No

I am a Master Mason in Good Standing in _____ Lodge, Number _____ located at

_____ under the jurisdiction of the Grand Lodge of _____. Year raised _____.

Signature (in full) _____ Date: _____

Full Name (Please print or type): _____
First Middle Last

Mailing Address: _____----_____ Country: _____

City: _____ State: _____ Zip: _____-_____

Home Phone Number: (_____) _____-_____ Cell Phone Number: (_____) _____-_____

Work Phone Number: (_____) _____-_____ Fax Number: (_____) _____-_____

Email Address: _____ Social Security Number: _____-_____-_____

Date of Birth: _____/_____/_____ Place: _____

Spouse Name & Date of Birth:_____ _____
Spouse Name Date of Birth (MM/DD) ONLY

Occupation (Please be specific): _____

Employer: _____

VISA / MasterCard

_____ _____ _____ _____ - _____ _____ _____ _____ - _____ _____ _____ _____ - _____ _____ _____ _____

Expiration Date: _____ _____ / _____ _____ **Amount: $**_____

Recommended By (Please Print): _____ S/R ID Number: _____

Membership Committee: _____