



Most Worshipful Prince Hall Grand Lodge

Free and Accepted Masons of
Hawaii and Its Jurisdiction, Inc.

APPLICATION FOR REINSTATEMENT

To the Master, Wardens and Members of _____ Lodge No. _____ F. &A.M.,

Located at _____ I _____ request reinstatement

Social security No. _____ - _____ - _____ Date of Birth _____ / _____ / _____

Residence address _____ City _____

State _____ Zip Code _____ Telephone No. () _____

Occupation _____ E-mail _____

Married yes no If yes, Wife's name _____ Date of marriage _____

Were you a Past Mast? yes no If yes, Name of Lodge _____ No. _____

Date, _____ / _____ / _____ Jurisdiction _____

Beneficiary _____ Relationship _____

Beneficiary address _____

Should my petition be granted, I will cheerfully conform to all the ancient established usages and customs of the Fraternity and the By-laws of this Lodge. Furthermore I will conform to and support the Constitution and By-Laws of the MWP HGL of Hawaii.

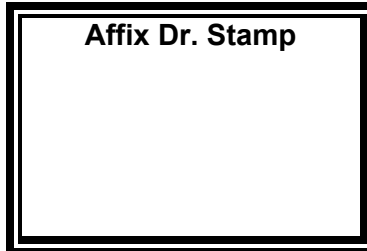
Signed _____ Date _____ / _____ / _____

Medical Statement & Clearance from Medical Physician

Mr. _____ is physically fit and has no terminal illness detected.

Physician's Full Name (Print)

Physician's Signature, Date



LODGE USE ONLY

Date Petition received by the Lodge: _____

Recommended by: Name and Signature, Date

Amount paid with Petition: _____

Investigation Team recommendations: _____ Favorable

_____ Unfavorable

Committee Members: _____

Date Lodge Acceptance: _____ or Date Lodge Rejected: _____

Signatures and Date of Worshipful Master: _____

Signatures and Date of Lodge Secretary: _____