

GRAND CHAPTER OF ROYAL ARCH MASONS IN VIRGINIA

APPLICATION FOR VETERANS EMBLEM

Name of Companion: _____

Member of: _____ Chapter No. _____ Member ID: _____

Date Submitted: _____

MASONIC HISTORY

Place of Birth: _____ Date Of Birth: _____

Received Degrees In: _____ Chapter No. _____

Located at: _____ Date M. M. Degree: _____

Date P. M. Degree: _____ Date of Council Degrees: _____

Date of M.E. M. Degree: _____ Date Royal Arch Degree: _____

Affiliated with: _____ Chapter No. _____

Located at: _____ Date: _____

Withdrawn from: _____ Chapter No. _____

Located at: _____ Date: _____

Affiliated with: _____ Chapter No. _____

Located at: _____ Date: _____

Withdrawn from: _____ Chapter No. _____

Located at: _____ Date: _____

Date Suspended: _____ in Chapter No: _____

Date Reinstated: _____ in Chapter No: _____

Secretary

Seal

Date: _____

Please account for all the time elapsed between the date of applicant's Royal arch and the present date.

Enter other pertinent date on reverse side of this form.

This form is to be used for applying for fifty year emblem for the Royal Arch Chapter Veterans Emblems.