



Grand Lodge A.F. & A.M. of North Dakota
MEMBERSHIP STATUS FORM

Please send this to the Grand Lodge Office as soon as possible after change occurs.

Date: _____

Lodge Name & Number: _____ No. _____

Member's Name _____
Last First Middle

Check one of the following types of Membership Status Change

- | | | |
|--------------------------------|----------------------------|----------------------------|
| 1. Change of Address _____ | Membership Increase: _____ | Membership Decrease: _____ |
| 2. New Member by Degrees _____ | 5. Deceased _____ | |
| 3. Affiliation _____ | 6. Demit _____ | |
| 4. Reinstatement _____ | 7. Suspension _____ | |

After checking the above item, please provide the necessary information in the appropriate box below:

Change of Address Information:	
New Address: _____	Old Address _____

New Member Information:	
Date petition received _____	Date Elected for Degrees _____
Date Initiated _____	Date Passed _____ Date Raised _____
Birthday _____	Place _____ Phone No. _____ Spouse: _____
Employer _____	Email: _____

Affiliation Information:	
Check one of the following:	
Reinstatement _____	Date Effective _____
By Demit or Certificate of Good Standing from another Lodge _____	
Plural (ND) _____	Dual (Another State) _____ Date of Affiliation _____
If by Demit or Certificate from another Lodge, Dual or Plural Membership, give name and location of original lodge: _____ No. _____ located in City of _____ in State of _____.	

Deceased Information:		
Date of death: _____	Location _____	Cause _____
Widow's Name _____		

Demit Information	
Date of Demit: _____	
Lodge in which individual was Raised _____	

Suspension/Expulsion Information:		
Check one of the following:		
Nonpayment of Dues (NPD) _____	UnMasonic Conduct _____	Expelled _____
Date of Suspension: _____ or Date of Expulsion: _____		

FOR GRAND LODGE OFFICE USE ONLY:	
Grand Lodge Number Assigned: _____	Lodge Registration Number Assigned _____
Date Dues Card Printed _____	Date White File Cards Printed: _____