FORM 2



APPLICATION FOR AFFILIATION

PART 1

To the Worshipful Master, Wardens and Brethren of Free and Accepted M		, No
On the Register of the Grand Lodge of F.		ck
(FULL NAMES REQUIRED, NO INITIALS) I,		
of in the County of _		Province of New Brunswick
aged years, by occupation		,
do declare that, having received the Three Degrees in Freemasonry	conferred upon me by:	
Lodge, No	F. & A.I	M.,
Grand Register of	as follows:	
EA		
FC		
MM		
being in good and regular standing in	Lodge No	upon my
own request I (was/was not) granted a demit, dated the	day of	AD20
I am now domiciled within the jurisdiction of	Lodge No	F. & A.M.,
and herewith present my demit (if applicable) to the said Lodge name	ed above and ask for Aff	iliation.
Witness my hand this day of	A.D. 20 <i>A</i>	A.L. 60
Signature		
Address:		
Telephone: (Home) (Cel		

www.glnb.org glnb@nb.aibn.com

GLNB 2012

FORM 2

Email:	
Birth Date:	
Employer:	
PART 2	
Recommended by:	
1. Name (print)	_ Signature
2. Name (print)	_ Signature
Application Fee Enclosed \$	
The above petition was received	, 20 and referred to (1)
(2)(3)	Committee
PART 3	
We, the Committee of Investigation on the Application for Aff	iliation of Brother
report that we have made full inquiry into the character, fitness	ss and Masonic standing of the applicant and from
information received recommer	nd him to the favourable consideration of the Lodge.
Signed by Committee Members:	
1	
2	
3	
Balloted on and	
Date	

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