Alumni Association Membership Application & Profile

Name: _____
First Name **Initiated Name** Last Name

Address:_____
Street/P.O. Box City State Zip

Phone No.: _____ Email Address: _____

Assembly of Initiation: _____
Assembly Name Assembly No. Jurisdiction

Date of Birth: _____ Year of Initiation: _____

Professional Information (Please check the most appropriate selection):

_____ Grant Writing _____ Medical Professional _____ Legal Professional

_____ Finance _____ Professional Development _____ Educator

_____ Business Administration _____ Other: _____

Job Title: _____

Company: _____

Please check all that apply:
____ Past Rainbow Girl ____ Past Worthy Advisor ____ Past Grand Officer
____ Grand Cross of Color ____ Majority Member ____ Past Grand Representative
____ Past Grand Worthy Advisor

Other Masonic Affiliations (if applicable):
Please check all that apply:
____ Order of the Eastern Star ____ Order of the Amaranth ____ White Shrine of Jerusalem
____ Masonic Lodge ____ Other: _____

I freely and voluntarily provide the information requested in this application. I also waive any objections to the use of this information, as I understand that it will be used in developing an Alumni Association networking site on the Supreme Assembly website.

_____
Signature of Applicant Date

Credit Card Number _____ Expiration _____ Code on Reverse _____
Please submit this application form electronically or with a check for $25/$500 to the Supreme Assembly office at 315 E. Carl Albert Parkway, McAlester, OK 74501. Please make all checks payable to Supreme Assembly with Alumni Association noted in the memo line. Thank you.