



Most Ancient Union Grand Court Heroines of Jericho PHA ~

Florida & St. John, U.S.V.I. Jurisdiction, Inc.

Working under the protection of the Most Worshipful Union Grand Lodge ~ Free and Accepted
Masons PHA Florida & Belize, Central America & St. John U.S.V. I. Jurisdiction, Inc.

APPLICATION FOR MEMBERSHIP

1882

Court: _____ No. _____ City: _____ District No. _____

Petitioner: (Please Print) _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Occupation: _____ Work Phone: _____

Church Affiliation: _____ City: _____

Are you a member of other Masonic Organization or (Chapters, Courts auxiliaries etc.)? Yes _____ No _____

Please List: Organization Contact Person Phone

Is this your first petition to the Heroines of Jericho, Florida Jurisdiction? Yes _____ No _____

If No, state when and where previous petition was submitted: _____

Are you coming from another Jurisdiction? Yes _____ No _____

If Yes, what Jurisdiction and attach letter of recommendation from previous Most Ancient Matron.

Petition for Reinstatement

Petitioner: (Please Print) _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ E-Mail: _____

Previous Court: _____ No. _____ City: _____ District _____

Year Initiated _____ Years of Membership _____

Date of detachment from previous Court and reason for detachment: _____

Heroines and Heroes, having conceived a favorable impression of your Ancient Order, and being desirous of becoming a member of the same, I hereby present myself as a candidate for initiation for membership. I am of sound body and mind and a believer in the existence of the Supreme Being. If accepted, I promise to comply with the regulations and By Laws of this Local Court and of the Most Ancient Union Grand Court Heroines of Jericho, PHA, Florida & St. John, U.S.V. I. Jurisdiction. All financial obligations have been fully explained to me and I agree to govern myself accordingly.

Petitioner Signature: _____ Date: _____

Report of Investigation Committee

We have investigated the character and standing of this petitioner and report that we have attended to our duty and recommend the following:

Disapproval Reason: _____

Chairman Signature: _____ Date: _____

(Complete this section **AFTER** initiation)

I attest and affirm the following:

During the Initiation Ceremony I received no physical or mental injury.

If any information, submitted by me, on this application is found to be false no Benevolent Donation will be given to the Beneficiary named below or any subsequent changes or anyone else laying claim to such.

*(Member **MUST** be between the ages of 18-60 at the time this section is signed to be eligible for the Benevolent Donation)*

I name _____
as beneficiary (s) to my Benevolent Donation.

Member signature _____ Date: _____

Most Ancient Matron: _____ Date: _____

Court Secretary: _____ Date: _____

Mail this ORIGINAL Application along with – (Fee for Members 60 and over Below)

\$ 53.00 - Women (CBA 20.00) GCA 15.00 (Temple Tax 10.00) 8.00 (Charity & Youth)

\$ 35.00 - Men (CBA 20.00) GCT 15.00 (Temple Tax Pay with Men)

(Members over the age of 60, do not pay CBA Fee)

Make checks payable to: Most Ancient Union Grand Court-HOJ

Mail within 15 days of initiation to:

**Heroine Chrystalia Blyden
Grand Court Secretary
249 Park Tree Terrace Apt. 1122
Orlando, FL 32825
Telephone: (305) 785-1077**

**Copy: Heroine Sonya D. Simmons-Brinson
Most Ancient Grand Matron
Magm.maugchojfl1882@gmail.com**

(Form revised February 2025 SDB)