

**GRAND CHAPTER ROYAL ARCH MASONS OF CANADA
IN THE PROVINCE OF ONTARIO**

INTERVIEW FORM FOR DEMIT OR SUSPENSION

Companion's Name (In Full) _____ Roll No _____ G.C. Cert No. _____

Address _____ Date of Exaltation _____

Chapter Name: _____ Chapter No. _____ District No. _____

Located at: _____

FOR A DEMIT:

Does the Companion plan to join another Chapter? _____

If yes, Chapter Name: _____ Number. _____ District No. _____

Companion's comments: _____

FOR A SUSPENSION

Companion's comments: _____

Contacted by: _____

Date contacted: _____

Interview: Setup _____ or Refused _____

Visited by: _____

Date visited: _____

Chapter representative's comments: _____

