# REGISTRATION OF AFFILIATION CHAPTER _____ No. _____ District No. ____

| Surname | Given Names | Date of Birth<br>Year Mo. Day | Profession | Chapter Roll No. | G.C. Cert. No. |
|---|---|---|---|---|---|
| | | | | | |

| Residence Address<br>Street Apt | Date of Joining (Date of Ballot)<br>Year Mo. Day | ***Optional:*** Area Code & Phone No.<br>Residence<br>Business<br>Fax |
|---|---|---|
| Town Postal Code | Candidate is a member in Good Standing of:<br>Craft Lodge Name Number | |
| | Candidate is a member in Good Standing of:<br>Chapter Name Number | |

If the Candidate is not currently a member of a Chapter, indicate which Chapter he was last a member of below:

| Chapter Name | Chapter No. | Jurisdiction | Rank |
|---|---|---|---|
| | | | |

**NOTE:** Please refer to Section "MEMBERSHIP – AFFILIATION" of the Constitution of Grand Chapter.
This form must be sent to Grand Chapter **within 10 days** of the affiliation.
Mail or FAX to: **Grand Scribe Ezra, Grand Chapter Royal Arch Masons, 361 King Street West, Hamilton, ON L8P 1B4 FAX: 905-522-5099**

**TGC16 10/10**

Scribe Ezra _____