REGISTRATION OF RESTORATION CHAPTER _____ No. _____ District No. ____

Surname	Given Names	Date of Birth Year Mo. Day	Profession	Chapter Roll No.	G.C. Cert. No.

Residence Address Street Apt	Date of Rejoining Year Mo. Day	***Optional:*** Area Code & Phone No. Residence Business Fax
Town Postal Code	Candidate is currently a member in Good Standing of which Craft Lodge. Craft Lodge Name Number	
	Is the Candidate currently a member in Good Standing of a Chapter? 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 – REINSTATEMENT" of the Constitution of Grand Chapter.
This form must be sent to Grand Chapter **within 10 days** of the restoration.
Mail or FAX to: **Grand Scribe Ezra, Grand Chapter Royal Arch Masons, 361 King Street West, Hamilton, ON L8P 1B4 FAX: 905-522-5099**

TGC18 10/10

Scribe Ezra _____