

ANCIENT AND ACCEPTED SCOTTISH RITE OF FREEMASONRY

Southern Jurisdiction of the United States
Valley of Minneapolis, Orient of Minnesota
2011 Dupont Avenue South, Minneapolis, MN 55405

Petition for Degrees

To the Officers and Members of the Minneapolis Lodge of Perfection, Minneapolis Chapter of Rose Croix, Minneapolis Council of Kadosh and Minneapolis Consistory.

I, the undersigned, a Master Mason in good standing, member of _____ Lodge # _____,
(City) _____, (State) _____, (Zip) _____, under the Grand Lodge of

_____, respectfully petition to receive the degrees conferred in your Bodies, promising always to bear true faith and allegiance to the Supreme Council of the Thirty-third Degree, Southern Jurisdiction, United States of America.

I have resided in the state of Minnesota since _____.

I wish to receive the Scottish Rite Degrees in the: next long class _____ next one-day class _____.

Have you ever before petitioned for any of the Scottish Rite Degrees? Yes _____ No _____

If yes, state time, place and to what Scottish Rite Body application was made _____

The Supreme Council requires acceptance as fundamental principles the following:

“The inculcation of patriotism, respect for law and order, an undying loyalty to the principles of civil and religious liberty, and the entire separation of church and state as set forth in the Constitution of the United States of America.”

Do you approve wholeheartedly of these principles? Yes _____ No _____

I have never held or expressed opinions contrary to the foregoing or been affiliated with any organization which has.

Signature in full (first, middle & last name)

Fee Schedule

Lodge of Perfection	4 ^o thru 14 ^o	\$ 90.00
Chapter of Rose Croix	15 ^o thru 18 ^o	45.00
Council of Kadosh	19 ^o thru 30 ^o	45.00
Consistory	31 ^o & 32 ^o	<u>45.00</u>

Total fees: \$ 225.00

Minimum payment due with petition: \$ 25.00

Make checks payable to: Minneapolis Lodge of Perfection

Please print:

First, Middle & Last Name _____ Spouse's First Name _____

Address _____ City _____ State _____ Zip Code (+4) _____

Phone _____ eMail Address _____

Business Address _____ City _____ State _____ Zip Code _____

Business Phone _____ Employer _____

Occupation (is/was) _____ Cell Phone _____

Date of Birth _____ Place of Birth _____

Sponsors Signatures 1. _____ 2. _____

Print Names 1. _____ 2. _____

Fee Attached \$ _____ Date Received _____ Date Read _____ Date Elected _____