



**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**

Court: \_\_\_\_\_ No. \_\_\_\_\_ City: \_\_\_\_\_ District No. \_\_\_\_\_

Petitioner: *(Please Print)* \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home 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? \_\_\_\_\_ No \_\_\_\_\_ Yes

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 –**

**\$ 63.00 Women** (CBA 40.00) GCA 15.00 (Temple Tax 10.00) 3.00 charity & Youth  
**\$ 50.00- Men** (CBA 40.00) GCA 15.00 (Temple Tax Pay with Men)

**Mail within 15 days of initiation to: *Make checks payable to: MAUGCH of J***

**Sharon Lucas Grand Court Secretary**  
**P. O. Box 061436**  
**Palm Bay, FL 32906-1436**  
**Telephone: 321-723-4551**  
**321 543-7404**

**Copy: Heroine Vernell B. Douglas**  
**Most Ancient Grand Matron**  
17620 N.W. 27<sup>th</sup> Court  
Miami Gardens, FL 33056 (305) 336--2218

*(Form revised April 24, 2017VBD)*