

# Ancient Accepted Scottish Rite of Freemasonry



## VALLEY OF CINCINNATI, DISTRICT OF OHIO

317 East Fifth Street, Cincinnati, Ohio 45202-3399

Near the B. : . B. : . and under the C. : . C. : . of the zenith that corresponds with 39° 6' N. Latitude, 84° 27' W. Longitude

Cincinnati, Ohio \_\_\_\_\_, 20 \_\_\_\_\_

### To the Officers and Members of

**Gibulum Lodge of Perfection, 14°**

**Dalcho Council, Princes of Jerusalem, 16°**

**Cincinnati Chapter of Rose Croix, 18°**

**Ohio Consistory, Sublime Princes of the Royal Secret, 32°**

Greetings:

I, the undersigned hereof, humbly show that I am desirous of being admitted as a member of your Honorable Body, and humbly request that I may be received among you, and I will ever pray for the prosperity and glory of the Fraternity and the welfare of the brethren.

In making this application I promise on my word of honor that should I be elected and become a member of your Honorable Body, I subscribe to the following Oath of Fealty:

"I, the undersigned, do hereby promise on my word of honor, and swear true faith, allegiance, and fealty to the Supreme Council of Sovereign Grand Inspectors General of the Thirty-third and Last Degree of the Ancient Accepted Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, sitting at its Grand East in the Town of Lexington, Massachusetts, and will support and abide by its Constitutions, Orders, and Decrees.

"That I will hold allegiance to the said Supreme Council and be loyal thereto, as the supreme authority of the Rite; will hold illegal and spurious every other Body that may be established within its Jurisdiction, claiming to be a Supreme Council; and every other Body of said Rite within the same Jurisdiction that does not hold its powers from said Supreme Council and will hold no communication whatsoever in Scottish Rite Masonry with any member of the same nor allow him to visit any Body of the Rite of which I may be a member; and I will dispense justice to my brethren according to the laws of equity and honor.

"And should I violate this, my solemn vow and pledge, I consent to be expelled from Scottish Rite Masonry, and all rights therein and in any Body of the Rite, and to be denounced to every Body of the Ancient Accepted Scottish Rite in the world as a traitor and forsworn.

"And may God aid me to keep and perform the same. Amen."

Recommended by (must be members of the Valley of Cincinnati)

Signature \_\_\_\_\_

SIGN NAME IN FULL

\_\_\_\_\_  
SIGN HERE

FEE: \$175.00

Gold-plated 14° ring, passport, and dues for the current year

\_\_\_\_\_  
PRINT NAME AND MEMBER NUMBER HERE

\_\_\_\_\_  
SIGN HERE

Not less than \$100.00 must accompany petition.

Make checks payable to and mail or deliver to: Secretary, Valley of Cincinnati, A.A.S.R., 317 E. Fifth St., Cincinnati, OH 45202-3399.

\_\_\_\_\_  
PRINT NAME AND MEMBER NUMBER HERE

FILL IN FORM ON REVERSE SIDE.

## DATA FOR SCOTTISH RITE RECORDS

Full name (print clearly your first, middle, and last names in full — no initials)		Date of birth (month/day/year)
		Present age
Primary e-mail address		Primary phone
Place born		
Have you resided in Ohio for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No      How long?		
Name, number, and location of Lodge in which you were raised		Year raised
Name, number, and location of Lodge in which you are currently a Master Mason in good standing		Were you a DeMolay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Past Master? <input type="checkbox"/> Yes <input type="checkbox"/> No      Lodge		Year
Have you ever petitioned for Scottish Rite Degrees before and been accepted or rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which Valley and when?		
Occupation or profession	Name of business	
Location of business	Business phone	
Residence	Residence phone	
I certify the above answers are true and correct.  Signature _____	PLEASE PRINT CLEARLY  Name _____  Address _____  City _____  State _____ ZIP _____  County _____	
COMPLETE IF PAYING BY CREDIT CARD		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card		
Number _____		
Amount _____      Exp. date _____		