

# APPLICATION for the BOARD OF DIRECTORS of the Masonic Charity Foundation of Oklahoma



**This application must be submitted in its entirety, along with the filing fee, to the Grand Secretary's office (PO Box 1019, Guthrie, OK 73044) no later than January 31st.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone: (residence)** \_\_\_\_\_ **(business)** \_\_\_\_\_

**(cell)** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Wife's Name** \_\_\_\_\_

**Children Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Employer: (If retired, please give last Employer information)** \_\_\_\_\_

**Position: (how long at that position)** \_\_\_\_\_

**Job Description** \_\_\_\_\_

**Professional Achievements:** \_\_\_\_\_

**Previous Masonic Charity Foundation Experience** \_\_\_\_\_

**Other charitable / non-profit organization experience outside the Fraternity.** \_\_\_\_\_

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**Lodge Membership** (Lodge Name) \_\_\_\_\_ (No.) \_\_\_\_\_

**Offices Held:**

- |          |            |          |            |
|----------|------------|----------|------------|
| 1. _____ | Year _____ | 2. _____ | Year _____ |
| 3. _____ | Year _____ | 4. _____ | Year _____ |
| 5. _____ | Year _____ | 6. _____ | Year _____ |

**What strengths or experience do you feel you can bring to the Masonic Charity**

**Foundation?** \_\_\_\_\_

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**How do you feel the Masonic Charity Foundation can best serve the Masonic**

**Fraternity in Oklahoma?** \_\_\_\_\_

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**Questionnaire / Additional Comments**

(This question is required by legislation passed on November 12, 2007.)

If you have ever been suspended or expelled from a Lodge or from Freemasonry, provide the following information:

Date(s) of Suspension \_\_\_\_\_ Date(s) of Reinstatement \_\_\_\_\_

Date(s) of Expulsion \_\_\_\_\_ Date(s) of Reinstatement \_\_\_\_\_

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**For Grand Lodge use only**

Date received: \_\_\_\_\_

Filing Fee: Amount \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_

Trustee Review Date: \_\_\_\_\_

Total Votes Cast \_\_\_\_\_

Resubmission Date: \_\_\_\_\_

Votes Cast for Applicant \_\_\_\_\_

Approval Date: \_\_\_\_\_

Date Filing Fee Returned \_\_\_\_\_