



# APPLICATION FOR REINSTATEMENT



**THE FOLLOWING IS THE LAW GOVERNING RESTORATION FROM SUSPENSION FOR NON-PAYMENT OF DUES, AS ALTERED AND AMENDED BY THE GRAND LODGE, A. F. & A. M., OF OKLAHOMA, NOVEMBER 1989 TOGETHER WITH PROPER FORM OF APPLICATION.**

**SECTION U 602. REINSTATEMENT AFTER SUSPENSION FOR NON-PAYMENT OF DUES:** When a member has been suspended for non-payment of dues he must make written request for reinstatement. The request shall be read in open lodge at its next stated meeting. The Worshipful Master shall thereupon appoint an investigating committee as in the case of a petition for the degrees or application for affiliation. The investigating committee shall investigate said applicant for reinstatement the same as in the case of a petitioner for the degrees or applicant for affiliation and shall report to the lodge within twenty-eight (28) days. The application must lay over at least 28 days before any vote is taken on it. The Worshipful Master may extend the period of investigation. It shall require a clear ballot of the members present to reinstate. In case of rejection, he may reapply to his lodge for reinstatement at a stated meeting not earlier than one (1) year from the date of rejection.

The lodge may, upon majority vote, remit any or all dues owing at the date of suspension.

To \_\_\_\_\_ Lodge No. \_\_\_\_\_

The undersigned was suspended for non-payment of dues in this Lodge on \_\_\_\_\_, 20\_\_\_\_\_.

I enclose \$ \_\_\_\_\_, which represents the amount due the lodge at the time of my suspension plus the current year's dues.

I was born at \_\_\_\_\_ on (date) \_\_\_\_\_

My full name is \_\_\_\_\_

My present address \_\_\_\_\_ Phone Number \_\_\_\_\_

My former address \_\_\_\_\_

My present occupation \_\_\_\_\_

I represent that my present physical and financial condition is such that I do not anticipate becoming a burden on Freemasonry and know of no just reason why I should not be reinstated.

I refer to the following Masons concerning my qualifications for reinstatement:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Endorsed by: \_\_\_\_\_

Signed by: \_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_

\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**For Secretary's Use:**

Amount owing at the time of

Investigating Committee

Suspension \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

Current dues \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

Total \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_