

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 March 31st.***

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: (residence) _____ (business) _____

(cell) _____ e-mail: _____

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.

Primary 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? _____

How do you feel the Masonic Charity Foundation can best serve the Masonic
Fraternity in Oklahoma? _____

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:** _____

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 _____
