

----- CRYPTIC COUNCIL NO -----

APPLICATION FOR AFFILIATION

I ----- hereby make application for Affiliation
to the Cryptic Council of ----- No.-----

Name (Print) _____ (Signature) _____

Address _____

Town/City _____ PostCode _____

Occupation _____ Date of Birth _____

Applicants Lodge _____ No. _____ in good standing _____

Applicants Chapter _____ No _____ in good standing _____

Date Exalted _____ of the _____ Constitution

Applicants Cryptic Council _____ No. _____ in good standing _____

Date of admission _____ of the _____ Constitution

Proposer _____ (Signature) _____ (Print)

Second _____ (Signature) _____ (Print)

Dated _____

Application read. _____ Ballot _____ Clear/Rejected

Date Affiliated _____