

Application for ___ 25 ___ 40 ___ 50 year ___ 55+ certificate

Full Name _____

Place of Birth _____ Date of Birth _____

Place and Date Degrees conferred:

Exalted in _____ Date: _____

Greeted in _____ Date: _____

Knighthood in _____ Date _____

There is a \$5.00 charge PER BODY for each award/certificate

Was Member ever suspended for NPD? ___ Yes ___ No

If yes, when? _____ When Reinstated _____

Secretary Signature _____

Send the completed form to the Grand Secretary/Recorder

Via email to: grandsecrec@flgyr.org

Or US Mail to: P.O.Box 13496, Tampa FL 33681-3496