



YORK RITE SOVEREIGN COLLEGE
OF NORTH AMERICA
 500 Temple Ave. ♦ Detroit, Michigan 48201
 (313) 833-1385

CERTIFICATE OF GOOD STANDING

The Bearer must use this certificate to affiliate with a regular College on or before May 31st of the following year.

DATE OF ISSUANCE: ____ / ____ / ____

NAME: _____

MEMBER IN GOOD STANDING OF: _____

HE WAS FORMALLY A MEMBER OF: _____ COLLEGE NO: _____

BEARER OF THIS CERTIFICATE IS A MEMBER OF THE FOLLOWING

_____	Lodge, No. _____	City: _____	State/Province: _____
_____	Chapter, No. _____	City: _____	State/Province: _____
_____	Council, No. _____	City: _____	State/Province: _____
_____	Commandery, No. _____	City: _____	State/Province: _____

*This certificate is contingent upon good standing in the above bodies.
 It should be accompanied by satisfactory proof of membership and a petition for affiliation.
 The bearer of this certificate should also list complete name, address and phone number below,
 together with whatever additional information the College Secretary may require.*

NAME: _____ SPOUSE'S NAME: _____

ADDRESS: _____

CITY/STATE OR PROVINCE/ZIP: _____

TELEPHONE NUMBER: (_____) _____

HIGHEST COLLEGE OFFICE HELD: _____

Signature of applicant: _____ Date: _____

FOR SECRETARY'S USE ONLY

Issued by:
NAME: _____, Secretary
COLLEGE: _____, No: _____
Signature of College Secretary: _____ Date: _____