

YORK RITE SOVEREIGN COLLEGE OF NORTH AMERICA

500 Temple Avenue, Detroit, Michigan 48201-2693
Tel: 313 833 1385 / Fax: 313 833 7735

TRANSFER CERTIFICATE

To the York Rite Governor, Deputy Governor, Chancellor and Members:

_____ York Rite College No. _____

of the York Rite Sovereign College of North America

This is to certify that Companion _____ is a Knight of York in good standing in _____ York Rite College No. _____ located at _____, State/Province of _____, and not under charges nor indebted to his College, is by his own request, granted this certificate for the purpose of becoming a member of your College, the same to become effective as of the date of issuing this certificate.

Birthplace: _____
City State/Province

Date of Birth: _____
Month Day Year

Member of _____ Lodge No. _____

Location: _____

Member of _____ Chapter No. _____

Location: _____

Member of _____ Council No. _____

Location: _____

Member of _____ Commandery No. _____

Location: _____

In testimony whereof, the Governor and Secretary of _____ York Rite College No. _____ have hereunto subscribed their names and affixed the seal this _____ day of _____, 19_____.

_____, York Rite Governor

Attest:

_____, York Rite Secretary

NOTE TO SECRETARIES: Information relative to affiliation by demit or previous transfer of membership between Colleges shall be recorded on the reverse side of the certificate. This certificate is not to be given to the Companion whose name appears therein, but must be sent to the Secretary of the College of which the Companion has been elected to membership. Transfer of membership shall be deemed completed as of the date of issuance.