

**Membership
Petition
TEMPLAR
Chapter**



Widows Sons Masonic Riders Association Of Indiana

Last Name: _____ First: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: () _____ Cell Phone: () _____

Date of Birth: _____

E-mail Address: _____

Motorcycle: Year: _____ Make: _____ Model: _____

I am applying for:

Full Membership: Must be Master Mason, with motorcycle license, and minimum 500cc motorcycle. Eligible for voting and elections. (32.00 annual dues)

Associate Membership: Not a Master Mason, no motorcycle, but is a member of a lodge, will not be eligible for elections and privileges of full members. (37.00 annual dues)
**May be upgraded to Full membership when eligible via, masonry or motorcycle and dues requirements

Companion Membership: Specifically for our Ladies of Full Masonic Members, or riders that have no Masonic Lodge affiliation. Not eligible for voting & election privileges (32.00 annually)

Are you currently a Mason in good standing, affiliated with a Chartered Blue Lodge recognized by the Grand Lodge of K of Kpc? Yes No Master Mason Fellowcraft Entered Apprentice

Lodge Name & Number: _____ Located at: _____

Membership in Masonic Appendant Bodies:

Are you the spouse/lady of a Mason, or other Widow Sons Member? Yes No

If you are not a Mason, do you look upon Freemasonry positively? Yes No

If you are not a Mason, do you intend to petition for membership? Yes No

Membership in other Motorcycle Associations or Organizations:

Membership in other Organizations:

Testimony of Membership:

I promise and swear that the application information provided is true to the best of my knowledge. I further swear that I am currently a Master Mason in good standing in a regularly constituted Lodge of Freemasons recognized by the Grand Lodge of Kf kpc; or I intend to consider petitioning a Lodge for membership, if allowed by the regulations of the state. Additionally I swear to use good moral and social judgment to represent the Widows Sons Masonic Riders Association. I furthermore attest that I am applying for membership in the Widows Sons of my own free will and accord.

I understand and fully accept that my membership may be suspended at any time should the information I have submitted prove to be untruthful or should I violate any of the By-Laws of my Chapter. I understand that I am bound by my obligations and bylaws of The Grand Lodge of Kf kpc, Masonic district, and constituted Blue Lodge, its rules and regulations and will not knowingly violate the same. The decisions of the President of the Chapter shall be binding. I further attest that I have read and fully understand the following disclaimer:

The Widows Sons are an independent group of Internationally based Master Masons who ride motorcycles and have organized to perform the laudable undertaking of aiding and assisting the Widows of Master Masons, to support our Blue Lodges, to promote Freemasonry in the world of motorcycling, and to promote motorcycling in the world of Freemasonry, also we will support the charities of the International Widows Sons Association. All views and opinions of the Widows Sons International Association are solely those of the Widows Sons. The Widows Sons membership or individuals do not speak for, nor intend to act as representatives of any Grand Lodges, Symbolic Lodges, affiliate bodies of Freemasonry, or Freemasonry in general.

Applicant Signature: _____ Date: _____

Application Fees: \$25.00 (due with petition & non-refundable).

Additional Initiation/Membership Fees: \$347.00 – Payable upon acceptance: Includes First Year Membership, dues card, patches, grand chapter fees, etc. (Total of fees \$372.⁰⁰)

****Include Check or money order (no cash please)**

READ, COMPLETE and SIGN this application and return to:

**Y ctucy 'Y k qy u'Uppu
3842'Y 'Egpgt 'Uv
Y ctucy .'K'687: 2/4626**

Chapter Use Only

Received: _____ Petition Fees Paid: [] yes [] no Initiation Fees Paid: : [] yes [] no

Recommended by: _____

Lodge membership verified by: _____ Motorcycle verified by: _____

Ballot Approved (date): _____ Approved by: (president) _____

Dues Cards, Patches, issued (date): _____ (secretary) _____