



APPLICATION FOR REINSTATEMENT

PART 1

To the Worshipful Master, Wardens and Brethren of _____, No. _____
Free and Accepted Masons
On the Register of the Grand Lodge of F. & A.M. of New Brunswick

(FULL NAMES REQUIRED, NO INITIALS) I, _____,
of _____ in the County of _____ Province of New Brunswick,
aged _____ years, by occupation _____,

do declare that, having received the Three Degrees in Freemasonry conferred upon me by
_____ Lodge, No. _____ F. & A.M. Grand Reg. of NB

as follows:

EA _____

FC _____

MM _____

do hereby apply for reinstatement in _____ Lodge, No _____

Witness my hand this _____ day of _____ A.D. 20 _____ A.L. 60 _____

Signature _____

Address: _____

Telephone: (Home) _____ (Cell/Bus) _____

Email: _____

Birth Date: _____

Employer: _____

PART 2

Recommended by:

1. Name (print) _____ Signature _____
2. Name (print) _____ Signature _____

Deposit Fee Enclosed \$ _____

PART 3

Committee's Report:

We recommend that the Petition of

be _____

Signed by Committee Members:

1. _____
2. _____
3. _____

Balloted on and _____

Date _____

Secretary's Signature _____

Grand Lodge of New Brunswick Constitutions and Regulations – Pertaining to Reinstatement of a Member

120. Notice of the restoration of a member suspended for non-payment of dues shall be forthwith given to the Grand Secretary, and to every Lodge in the same Masonic District.