



**Magnolia State Grand Assembly
Order of the Golden Circle
Jurisdiction of Mississippi, Prince Hall Affiliation**

**PETITION FOR BLOODLINE MEMBERSHIP/REINSTATEMENT
(PLEASE PRINT)**

To the Officers and Members of _____ Assembly No. _____
Order of the Golden Circle Located at _____,
Home Address: _____, City: _____, Zip Code: _____
Date of Birth: _____ Home No.: () _____, Cell No.: () _____
Work No.: () _____, Occupation: _____
Email Address: _____ Name of Beneficiary: _____
Relationship: _____, Address of Beneficiary: _____
_____ City: _____, State: _____, Zip Code: _____

I am a the _____ of _____
who is a member of _____ located at _____

I affirm that all questions have been answered truthfully and correctly to the best of my ability.

Signature of Applicant: _____ Date: _____

Voucher: _____ Voucher: _____

FOR ASSEMBLY USE ONLY

Date of Balloting: _____ Favorable: _____ Unfavorable: _____

Verified by traveling card: Yes or No Amount accompanying application: Ck# _____ Cash _____

Signature of Loyal Lady Secretary: _____

Signature of Loyal Lady Ruler: _____