



NEW JERSEY
WIDOWS SONS MASONIC RIDERS ASSOCIATION
MEMBERSHIP APPLICATION

NAME: _____ DATE: ____/____/____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ LODGE: _____
LODGE #: _____ STATE: _____ DATE OF BIRTH: ____/____/____
OCCUPATION: _____
EMAIL: _____
SONS PROSPECTIVE MEMBER : PETITIONED: ____ . EA: _____, FC: _____
SONS MEMBER **BLUE CARD** #: _____
HOME PHONE #: ____/____/____ CELL #: ____/____/____
MEDICAL CONDITIONS/ALLERGY'S: _____
EMERGENCY CALL: _____ # ____/____/____
SON WHO VOUCHES FOR YOU: _____ NONE: _____
MOTORCYCLE(S): _____
SCOTTISH RITE? _____, YORK RITE? _____, SHRINE? _____
KNIGHTS TEMPLAR? _____ OTHER? _____
GRAND LODGE? _____
MILITARY SERVICE?: _____
OTHER CYCLE GROUPS? _____
APPROVED: _____ NOT APPROVED: _____ DATE: ____/____/____
CHAPTER PRESIDENT SIGN: _____

GRAND CHAPTER: _____ HIRAMS THUNDER: _____ TRAVELING MEN: _____

STONE CUTTERS: _____ BROKEN COLUMN: _____

MEMBERSHIP FEE + DUES + PATCH SET FEES = \$125 _____ RECD