If out of town	please	include	address	and
Phone N	umber i	f availat	ole.	

Presenter	
Date of Presentation	

(Do not write in this space)					
Date Approved					
Award Number					

GRAND LODGE OF GEORGIA, F. & A.M. APPLICATION FOR 50 YEAR AWARD

Masonic History of Brother					
(Print or Type complete Name)	(First Name)	(Middle Name)	(Last Name)	(Member No.)	
Place of Birth:					
	(Town or City)	(County)		(State)	
Age:	Date of Birth				
90		(Month)	(Day)	(Year)	
Data Initiated:					
Date Initiated:	(Month)	(Day)		(Year)	
Date Passed:					
Date 1 40004	(Month)	(Day)		(Year)	
Date Raised:					
	(Month)	(Day)		(Year)	
Degrees Conferred In:			Lodge No. :		
-				•	
Located At.	(City or County)			(State)	
	(Oily or Godinly)			(Olaic)	
Date Affiliated:	(Month)	(2)			
		(Day)		(Year)	
From:				Lodge No.:	
Located At					
Located At	(City or County)			(State)	
Data Dimittad					
Date Dimitted:	(Month)	(Day)		(Year)	
Date Suspended:					
Date Odspended.	(Month)	(Day)		(Year)	
Date Reinstated:					
	(Month)	(Day)		(Year)	
Now a Member In Good Standing In:				Lodge No.:	
	v ————			<u> </u>	
			(Signature of Worshipful Master)		
			(Signature or Worshiph	ui ividəldi j	
(Date)			(Signature of Secretary)		