

Cryptic Council _____ No: _____

APPLICATION FOR DEGREES

I _____ hereby make application to receive the Cryptic Council Degrees within the Cryptic Council _____ No: _____

Name: _____ (Signature) _____

Address: _____

Town/City _____ Postcode _____

Date of Birth _____ Occupation _____

Applicants Lodge: _____ No: _____

In good standing YES / NO

Applicants Chapter: _____ No: _____

In good standing YES / NO Date of Exaltation _____

of the _____ Constitution,

Proposer: _____ (Signature) _____

Second: _____ (Signature) _____

Dated: _____

Application Read: _____

Ballot: _____ CLEAR / REJECTED

Degrees: R.M. _____

S.M. _____

SEM _____