

CIVIL WAR LODGE OF RESEARCH NO. 1865 A.F. & A.M.
HIGHLAND SPRINGS, VIRGINIA
APPLICATION FOR AFFILIATION

I hereby petition the officers and brethren of the Civil War Lodge of Research (CWLR) No. 1865 A.F. & A.M. of Virginia for membership through Affiliation. I certify that I am now a Master Mason in good standing in a Lodge under a Grand Lodge recognized by the Grand Lodge of Virginia. I understand that the CWLR does not conduct any degree work, but is organized for research, education, and re-enactment purposes, and that membership is only by affiliation. Continuing membership is based on each member remaining an active member of a Lodge under a Grand Lodge recognized by the Grand Lodge of Virginia. According to the Virginia Methodical Digest Section 2.159 g) "If a member of a Research Lodge fails to pay the Lodge dues for two or more years, the Lodge may, at a stated communication vote to have the member's name removed from the roll. Such action will not affect that member's standing in a regular Lodge."

The annual dues of the CWLR are \$30. The Lodge meets four times per year on the first Saturday in December; and the second Saturday in April, July and October. In addition, the Lodge may hold additional Called Communications in conjunction with Civil War re-enactments and other events relating to the Civil War and Freemasonry (subject to receiving appropriate approvals and dispensations).

The Grand Lodge Virginia now requires a Background Check for Out-of-State Petitions. You will be sent an email to fill out. The company will charge for this. Watch for an email with instructions.

Please print all information except for your signature

Full Name: _____ Date of Birth: ___ / ___ / ___

Address: _____

City, State, ZIP: _____ Occupation: _____

Home Phone: _____ Cell / Work Phone: _____

Best e-Mail: _____

Current Blue Lodge Membership (please include the City and State): With Membership Number if you have it.

Name of your Mother Lodge and Number (please include the City and State) and dates of your EA, FC, and MM degrees (if you remember them): _____

EA: ___/___/___ FC: ___/___/___ MM: ___/___/___

PAST MASTER – LODGE / YR _____ DDGM - DISTRICT / YR _____

Signature and date you signed this application: _____

(Optional) Recommended and vouched for by: _____

Mail this application and \$30 (payable to "CWLR") for your first year's membership dues to:
CWLR #1865 A.F. & A.M. Attn: Secretary
9638 Park Street
Manassas, VA 20110
hart.bennett@gmail.com 571-271-2730