



Companion Adept of the Temple Program

ENROLLMENT FORM

Personal

Name: (please print) _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Daytime Phone: _____

Email: _____

Masonic Membership information

Blue Lodge: _____ City _____

State/Province _____ Year Joined: _____

Past or Presiding Worshipful Master: yes no

Chapter Name: _____ No. _____

Past or Presiding Excellent High Priest: yes no

Council Name: _____ No. _____

Past or Presiding Illustrious Master: yes no

Commandery/Preceptory Name: _____ No. _____

Past or Presiding Eminent Commander/Preceptor: yes no

College No: _____ (If applicable)

Past or Presiding Governor: yes no

To enroll, make check in amount of \$30 payable to *York Rite Sovereign College* and mail to:

York Rite Sovereign College • 500 Temple Ave. • Detroit, MI 48201
(313) 833-1385 • yrsc_na@yahoo.com