

# High Twelve International Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Lodge: \_\_\_\_\_

Lodge Number: \_\_\_\_\_

I am applying for membership in High Twelve  
Club #: \_\_\_\_\_

\_\_\_\_\_  
Club Name:

When accepted for membership in High  
Twelve International, I promise to give my  
best influence and efforts for its advancement  
and agree to abide by its Constitution and By-  
Laws of the International, State and Local  
Club.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Recommended By

## Personal Information

Please print clearly.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address Continued (Apt., Lot, Sp. #)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code + 4 (All 9 Digits)

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address (Primary)

\_\_\_\_\_  
Occupation or Former Occupation

\_\_\_\_\_  
Preferred Name or Nickname

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Wife's Name

\_\_\_\_\_  
Wife's Date of Birth

\_\_\_\_\_  
Anniversary Date

Senior DeMolay Yes:  No:

\_\_\_\_\_  
Chapter, Location

\_\_\_\_\_  
Highest Office Held in Lodge

Are you a member of (check all that apply):

Scottish Rite:

York rite:

Shrine:

OES:

Other (Please List):

\_\_\_\_\_  
Are you currently a member of another club?  
Yes  No  If so which club:

\_\_\_\_\_  
Name and Number of the Club

Are you applying to Transfer  or to receive a  
Dual Membership ?

Return application to:

\_\_\_\_\_  
Member (who gave it to you)

\_\_\_\_\_  
Member Phone Number

High Twelve International, Inc  
c/o Bettendorf Masonic Center  
2412 Grant St.

Bettendorf, IA 52722

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Email: secretary@high12.org

Website: www.high12.org