

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

PO Box 2536

Tehachapi, CA 93581

Telephone: (661) 369-6418

Fax: (661) 823-8873

Email: secretary@high12.org

Website: www.high12.org