



**APPLICATION FOR MEMBERSHIP
 KNIGHTS OF SAINT ANDREW
 ARMED FORCES SCOTTISH RITE BODIES
 VALLEY OF FORT LEAVENWORTH
 ORIENT OF KANSAS**



Name _____ SR member # _____

Mailing Address _____

City _____ State _____ Zip _____

Cell/Work Phone _____ Home Phone _____

Email Address _____

Blue Lodge(s) Membership (name/number) _____

Location(s) (city/state) _____

Valley Leadership Positions (list all held to date) _____

Areas of Interest for KSA Service _____

Honors: Yes _____ No _____ (KCCH/33° eligible for associate membership only)

Signature _____ Date _____

Initiation Fee: \$10.00 (Make checks payable to Armed Forces Scottish Rite KSA); turn in your completed application to any KSA member or mail application to:

Secretary
 Armed Forces Scottish Rite Bodies
 Box 3408
 Fort Leavenworth, KS, 66027-0408

OFFICE USE ONLY

Date received _____ Check # _____