



**YORK RITE SOVEREIGN COLLEGE**  
**OF NORTH AMERICA**  
 500 Temple Ave. ♦ Detroit, Michigan 48201  
 (313) 833-1385

# CERTIFICATE OF GOOD STANDING

*The Bearer must use this certificate to affiliate with a regular College on or before May 31st of the following year.*

DATE OF ISSUANCE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_

MEMBER IN GOOD STANDING OF: \_\_\_\_\_

HE WAS FORMALLY A MEMBER OF: \_\_\_\_\_ COLLEGE NO: \_\_\_\_\_

BEARER OF THIS CERTIFICATE IS A MEMBER OF THE FOLLOWING

_____	Lodge, No. _____	City: _____	State/Province: _____
_____	Chapter, No. _____	City: _____	State/Province: _____
_____	Council, No. _____	City: _____	State/Province: _____
_____	Commandery, No. _____	City: _____	State/Province: _____

*This certificate is contingent upon good standing in the above bodies.  
 It should be accompanied by satisfactory proof of membership and a petition for affiliation.  
 The bearer of this certificate should also list complete name, address and phone number below,  
 together with whatever additional information the College Secretary may require.*

NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE OR PROVINCE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

HIGHEST COLLEGE OFFICE HELD: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SECRETARY'S USE ONLY**

Issued by:
NAME: _____, Secretary
COLLEGE: _____, No: _____
Signature of College Secretary: _____ Date: _____