

The Knights of St. Andrew

Valley of Los Angeles

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LOS ANGELES, CA 90048-5426

Phone: (323) 937-2566

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Fax: (323) 937-3742

APPLICATION FOR ASCENSION TO THE KNIGHTS OF ST. ANDREW

Print or Type – Please Fill In All Spaces Applicable

Full Name: _____
First Middle Last

Name of Spouse: _____

Address: _____
Street City State Zip

Home: () _____ - _____ **Business:** () _____ - _____

Mobile: () _____ - _____ **Fax:** () _____ - _____

Blue Lodge: _____
Name & Number City State (Jurisdiction)

Date of Birth: ___/___/___ **Email:** _____

Current or Pre-Retirement Occupation: _____ **Retired?** _____

Business Name and Address:

Signature: _____ **Date:** _____

Recommendations: *(Two Members of the Los Angeles Valley Chapter, Knights of St. Andrew)*

_____ and _____

Deliver or mail Petition to *THE KEEPER OF THE REALM* at the above address.

KSA USE ONLY _____

Received: _____ **Read:** _____ **Elected:** _____