

Application for Ascension to the Knights of St. Andrew Print or Type - Please fill in all spaces applicable

Full Name:			
First	Middle		Last
Address:			
Street	City	State	Zip
Home Phone:	Day Phone	:	
Email Address:			
How do you prefer to be contacted?			
Date of Birth:			
City/State/Country of Birth:			
Retired: Yes / No Current or Pre	e-Retirement Employer:		
Business Address:			
Street	City	State	Zip
Name of Spouse:	A:	nniversary:	
participation to the Birmingham Valley S on the back of this application) your appl If you are found worthy and two Active I the full honors of the Birmingham Valley	lication and honors will brother Knights sign you	be reviewed by the petition you wil	e active Brother Knights
Signature:		Date:	
	NOT WRITE BELOW THIS	I INF	
We having reviewed this candidates qual Valley of Birmingham do recommend the Valley Knights of St. Andrew. (Two Act	at this candidate be adm	itted to the ranks of	of the Birmingham
First approver:		Date:	
Second approver:		Date:	
Date Petition Received:			
Date Squired:			
Date Voted to Receive Knighthood:			
Date Knighted:			



Squire Tasks

Task #1

The Squire will attend a minimum of FOUR Lodge of Perfection meetings (Second Wednesday of each month) during a six month period.

LOP Date:	LOP Date:	
LOP Date:	LOP Date:	
LOP Date:	LOP Date:	
Task #2 (Option 1)		
	Rite "Master Craftsman" program offered by the Supreme Council. pletion by presenting all six unit tests to the Brother Knights.	
Date "Master Craftsman" program co	mpleted:	
Task #2 (Option 2)		
The Squire will attend two Knights of	St. Andrew workdays.	
Work Day Date:	Work Day Date:	
Work Day Date:	Work Day Date:	
Task #2 (Option 3)		
The Squire will work two Knights of	St. Andrew charity events.	
Charity Date:	Charity Date:	
Charity Date:	Charity Date:	