WIDOWS SONS
MASONIC RIDING ASSOCIATION

Application for Membership in the
Widows Sons Masonic Riding Association
_____ Chapter _____, Florida

Last Name: _____ First: _____

Road Name: (Decided by the Chapter) Wife: _____

Address: _____ City: _____

State: _____ Zip: _____

Home phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Lodge: _____

Grand Lodge Member #:_____

(you can find this number in your dues card)

I am applying for,

□ Full Membership: $_____ w/annual dues of $____

Please list all other organizations, clubs, fraternities and/or associations you are a member of together with any positions you hold within said organization: _____

_____

Name[s] of Organization[s] :_____

City: _____ State: _____

Motorcycle: Year: _____ Make: _____

Model: _____

Please list all other Motorcycle Associations or Organizations you belong to:

_____

_____

Other Interests or Hobbies:

Any person(s) wishing to gain membership must submit this application after which said person(s) must abide by the WSMRA requirements to be eligible for membership in Widows Sons. The Chapter may set forth the time frame for which the applicant has to comply with Chapter specific requirements, if any. After completion of the Chapter requirements, the president of said Chapter will within his discretion call up a vote on the member's application. If accepted, the application will procees to the Board of the WSMRA for consideration. There is a 6 month waiting period from submission to the Board to eligibility to receive Chapter patches. If found eligible the applicant will read the Membership Pledge aloud and sign it stating they agree with its contents and will abide by it as written. After which point they are eligible to receive chapter patches.

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I promise and swear that the information I have given in this application is true to the best of my knowledge. I am applying for membership in the Widows Sons of my own free will and accord and know of no reason why I should be denied membership. I further understand and fully accept that my membership may be suspended at any time should any of the information I have given in this application be found to be untruthful or should I violate any of the By-laws of the WSMRA or the Masonic Digest of the Grand Lodge of Florida. **I furthermore understand that the Widows Sons Patches remain property of the local chapter and/or the Grand Chapter of Florida and understand that they must be returned if for ANY reason my membership is terminated**.

Applicant Recommendation:

Date: _____ Recommended by: _____

Disclaimer: The Widows Sons are an independent group of Internationally based Master Masons who ride motorcycles and have organized to perform the laudable undertaking of aiding and assisting Widows and Orphans of past Widows Sons and Masons, to promote motorcycling, and to support the charities of the Widows Sons International. All views and opinions of the Widows Sons Masonic Riding Association of Florida are solely those of the Widows Sons. The Widows Sons Masonic Riding Association of Florida do not speak for, nor intend to attempt to act as representatives of any other entity. The Members of the Widows Sons Masonic Riding Association are recognized and approved by The Grand Lodge of Florida as a Masonic Riding Association.

Applicant Signature: _____ Date: _____

RECOMMENDATIONS AND NOTES

APPROVED: ☐

REJECTED: ☐

DATE: _____

APPROVER'S SIGNATURE