Charter Petition Form

Proposed Chapter's Name:

President's name:

VP's Name:

Secretary's Name:

Treasurer's Name:

Where will you meet?

Your chapter will need to meet at least one time every month. Please provide the day of the month you will hold your meetings, address and time.

Do you have a minimum of 5 Members?

Yes ☐ No ☐

Are all of your members in good standing and part of the jurisdiction of the Grand Lodge of Florida?

Yes ☐ No ☐

**List the name of your members and their lodges on the second page*

Submitted by: Date:

Please list each member and their Lodge below. Use one line per member.

Member's Name	Lodge