



**Fredrick K. Wilson Grand Court
Ladies of the Circle of Perfection
Jurisdiction of Mississippi, Prince Hall Affiliation
P.O. Box 3711 – Jackson, Mississippi 39207**



**PETITION FOR MEMBERSHIP/REINSTATEMENT
(PLEASE PRINT)**

New Applicant _____ Reinstatement _____
(Check one of the following)

Applicant's Name (Print Full Name):

Applicant's Address:
(Street No /P. O. Box) (City) (Zip Code)

Home Phone: Business Phone:

Date of Birth: Place of Birth:

Age: Occupation: Email:

LOCOP Court Name & Number You Are Petitioning:

Applicant's OES Chapter Name and No.: Position:

Chapter Location:
(City)

Applicant's HOJ Court Name and No.: Position:

Court Location:
(City)

Beneficiary:
(Name) (Relationship)

Beneficiary Location:
(City) (Country)

Vouched by: Royal Matron/Companion Guardian:
(Print) (Signature)

Application accompanied by \$..... Date Received:

Signature:
(Name in Full)