MOST WORSHIPFUL UNION GRAND LODGE
KOP SIR KNIGHT
BACKGROUND CHECK INFORMATION FORM

NAME _____
LAST FIRST MIDDLE (FULL)

LIST ANY ALIASES _____
(SEPERATE MULTIPLE ALIASES BY COMMAS)

DATE OF BIRTH _____ CURRENT AGE _____ **SS#**_____
MM/DD/YY LAST 4 DIGITS

HOME ADDRESS _____
STREET CITY STATE ZIP CODE

IF LESS THAN (6) MONTHS, LIST ON LINE BELOW YOUR PREVIOUS ADDRESS

ADDRESS _____

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A $20.00 PROCESSING FEE MUST ACCOMPANY THIS QUESTIONNAIRE, THE FEE IS NON-REFUNDABLE. LODGE CHECKS, CASHIERS CHECKS, OR MONEY ORDERS ONLY. NO PERSONAL CHECK ACCEPTED.

APPLICANTS SIGNATURE _____DATE _____

By Signing this form the applicant acknowledges the following:
All information submitted is true and accurate. The applicant authorizes the Most Worshipful Union Grand Lodge to conduct a legal and professional background check for membership consideration.

Instructions: The applicant is to return the completed form with payment to the KOP Council. The Council is to make a copy for its records. The original is to be forwarded along with the fee to the Most Worshipful Union Grand Lodge.

Official Use Only:

To Be Completed by the KOP Council

Council Director Name_____(Please Print) Masonic Zone #_____ District #_____

Council Director Contact Phone # (_____) _____ Council Name_____#_____