

REQUISITION FORM FOR 50 YEAR EMBLEM PRESENTATION

Lodge Name _____ Lodge No. _____ Location _____ Presentation Date _____

District Representative to whom the emblem should be sent _____

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Register Number	MEMBERS FULL NAME (This is the way the name will appear on the certificate)	ADDRESS (with zip code)	RAISING DATE	TO BE PRESENTED local () elsewhere ()
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It is the recommendation of the Grand Lodge that, if possible, the presentation of 50 year emblems be awarded in open Lodge, and that a suitable event be planned so that the recipient's family and friends may attend.

I hereby certify that the recipient and the District Representative have been contacted and that the dates are satisfactory to all parties.

Signed _____

SEND ALL REQUESTS TO: Grand Lodge of Minnesota
11501 Masonic Home Drive
Bloomington, MN 55437