REQUISITION FORM FOR 50 YEAR EMBLEM PRESENTATION

Lodge Name_____ Lodge No._____ Location_____ Presentation Date_____

District Representative to whom the emblem should be sent_____

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 ( )

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