

**Membership
Petition**
**Solomons Sevens
Chapter**



Ohio Grand Chapter

Northern Jurisdiction

Widows Sons Masonic Riders Association

Last Name: _____ First: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: () _____ Cell Phone: () _____

Date of Birth: _____ Drivers License State & Number: _____

E-mail Address: _____

Motorcycle: Year: _____ Make: _____ Model: _____

I am applying for:

Full Membership: Must be Master Mason, with motorcycle license, and minimum 500cc motorcycle.
Eligible for voting and elections. (40.00 annual dues)

Associate Membership: Not a Master Mason, no motorcycle, but is a member of a lodge, will not be
eligible for elections and privileges of full members. (30.00 annual dues)
**May be upgraded to Full membership when eligible via, masonry or motorcycle and dues requirements

Companion Membership: Specifically for our Ladies of Full Masonic Members, or riders that have no
Masonic Lodge affiliation. Not eligible for voting & election privileges (30.00 annually)

Are you currently a Mason in good standing, affiliated with a Chartered Blue Lodge recognized by the
Grand Lodge of Ohio? Yes No Master Mason Fellowcraft Entered Apprentice

Lodge Name & Number: _____ Located at: _____

Membership in Masonic Appendant Bodies:

Are you the spouse/lady of a Mason, or other Widow Sons Member? Yes No

If you are not a Mason, do you look upon Freemasonry positively? Yes No

If you are not a Mason, do you intend to petition for membership? Yes No

Are you a member of the American Motorcycle Association? Yes No # _____

Membership in other Motorcycle Associations or Organizations:

Membership in other Organizations:

Testimony of Membership:

I promise and swear that the application information provided is true to the best of my knowledge. I further swear that I am currently a Master Mason in good standing in a regularly constituted Lodge of Freemasons recognized by the Grand Lodge of Ohio; or I intend to consider petitioning a Lodge for membership, if allowed by the regulations of the state. Additionally I swear to use good moral and social judgment to represent the Widows Sons Masonic Riders Association. I furthermore attest that I am applying for membership in the Widows Sons of my own free will and accord.

I understand and fully accept that my membership may be suspended at any time should the information I have submitted prove to be untruthful or should I violate any of the By-Laws of my Chapter. I understand that I am bound by my obligations and bylaws of The Grand Lodge of Ohio, Masonic district, and constituted Blue Lodge, its rules and regulations and will not knowingly violate the same. The decisions of the President of the Chapter shall be binding. I further attest that I have read and fully understand the following disclaimer:

The Widows Sons are an independent group of Internationally based Master Masons who ride motorcycles and have organized to perform the laudable undertaking of aiding and assisting the Widows of Master Masons, to support our Blue Lodges, to promote Freemasonry in the world of motorcycling, and to promote motorcycling in the world of Freemasonry, also we will support the charities of the International Widows Sons Association. All views and opinions of the Widows Sons International Association are solely those of the Widows Sons. The Widows Sons membership or individuals do not speak for, nor intend to act as representatives of any Grand Lodges, Symbolic Lodges, affiliate bodies of Freemasonry, or Freemasonry in general.

Applicant Signature: _____ Date: _____

Application Fees: \$100.00 (due with petition). This fee consists of \$25.00 non-refundable petition fee, and Membership fee of \$75.00 which includes First Year Membership, dues card, patches, grand chapter fees, etc. (Petitioners that are not approved for membership will receive the \$75 membership fee refunded)

****Include Check or money order (no cash please)**

READ, COMPLETE and SIGN this application and return to:

**Solomons Sevens Chapter, WSMRA
Brian Knoll, Secretary
2840 State Route 665 S.E.
London, OH 43140**

Chapter Use Only Date Received: _____ Member No: _____
Paid: \$ _____ Method: [] Card
Recommended by: _____ [] Cash
_____ [] Chk
Lodge membership verified by: _____ GLO No. _____
Motorcycle verified by: _____
Ballot Approved (date): _____ Approved by: (President) _____
Dues Cards issued (date): _____ Sec. _____
Patches Issued (date): _____ SAA: _____