



Prince Hall Affiliated, Jurisdiction of Tennessee

APPLICATION FOR CHARTER

Date: _____

We hereby request a (new / replacement) Charter because: _____

Chapter: _____ Number: _____ District: _____

Address: _____ City/State: _____ Zip: _____

Current Chapter Officers:

Worthy Matron: _____

Worthy Patron: _____

Associate Matron: _____

Secretary: _____

Date original Charter was issued: _____

Information required for replacement Charter:

Worthy Matron: _____ Worthy Patron: _____

Associate Matron: _____ Date of Issue: _____

Original Charter signed by:

Grand Worthy Matron: _____ Grand Worthy Patron: _____

Honored Grand Secretary: _____

Date original Charter was issued: _____

Cost for Charter: New Charter - \$50.00

Replacement Charter - \$25.00

Amount enclosed: _____ Ck/MO Number: _____

(SEAL)