

# GRAND OFFICER APPLICATION

NAME:

ADDRESS:

PHONE:

EMAIL:

AGE:

BIRTHDATE:

ASSEMBLY:

CURRENT POSITION IN ASSEMBLY:

PREVIOUS GRAND OFFICES HELD:

OFFICE AUDITIONING FOR:

WHY DO YOU WANT TO BE A GRAND OFFICER: (use back if necessary)

DO YOU HAVE ANY COMMITMENTS THAT WOULD PREVENT YOU FROM ATTENDING NECESSARY FUNCTIONS: (jobs, school or other organizations)

Please read the following information and sign below as indication that you understand the responsibilities required of being a Grand Officer.

I, the undersigned, do understand that I will be required to attend all state functions unless prior permission has been received from the Supreme Deputy. I do understand that I am required to support the Grand Worthy Advisor's projects and programs. I do understand that I am required to continue my support to my local Assembly. I do understand that I will be required to follow the rules and regulations of the Grand Assembly. I do understand that failure to abide by these requirements may result in my dismissal as a Grand Officer. I do understand that I may not receive the office for which I have auditioned.

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Signature of applicant

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Signature of Mother Advisor