Sovereign Order of Knights Preceptor
Louisiana Chapter

Date:_____

To the Preceptor, Officers, and Sir Knights of the Louisiana Chapter of the Sovereign Order of Knights Preceptor:

I, the undersigned Knight Templar, respectfully and fraternally request to become a member of the Louisiana Chapter of the Sovereign Order of Knights Preceptor, and submit the following information as true and accurate:

Full Name:_____

Adress:_____

Installed Commander of:_____ Commandery No._____

Located At:_____

For the year:_____

If elected to membership, I promise to conform to the rules, regulations, ordinances, and by-laws of the Order of Knights Preceptor, to the best of my ability.

Signature (Full Name):_____

Recommended By KP:_____KP:_____

A NOMINAL FEE OF $40.00 MUST ACOMPANY THIS PETITION

Make Check Payable to the Grand Commandery of Knights Templar of LA

Date Initiated:_____