



Grand Council of Cryptic Masons State of New York

Recommendation form for the appointment to the office of:
District Deputy Grand Master for the _____ **Cryptic District**

To the Most Illustrious Grand Master and Grand Council Cryptic Masons of the State of New York:

The Companions of the _____ Cryptic district recommend for appointment to the office of District Deputy Grand Master the name of our Illustrious Companion:

_____ Birth Date ____/____/____

Address: _____

_____ E- Mail; _____

Phones:

Home: _____ Work: _____ Cell: _____

Who was Greeted on ____/____/____ and elected Illustrious Master ____/____/____

And has distinguished himself to our Companions in the district through the following Cryptic activity;

Our Companion is a member of: _____ Lodge # _____

_____ Chapter # _____

It is fully understood that this is only a recommendation and is not binding on the Grand Master or Grand Council. This recommendation comes with the endorsement of the Companions of the district expressed at the required meeting held on; Date: ____/____/____

NOTE: Meeting must be held by the end of June prior to the Grand Council Assembly!

Attest DDGM: _____

Signatures of Attendees: _____

Signatures of Attendees: _____

Signatures of Attendees: _____

Signatures of Attendees: _____

If additional space is needed please continue on the reverse of this page.

DDGM when form is completed please send it to the Deputy Grand Master by end of June!