

**RECOMMENDATION FOR APPOINTMENT TO THE OFFICE OF GRAND REPRESENTATIVE**

*(please print or type)*

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

The Companions of: \_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

recommend for appointment to the office of Grand Representative the name of Illustrious Companion:

BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ BUS. PHONE (optional): ( ) \_\_\_\_\_

who was GREETED on: \_\_\_\_\_ and served as ILL. MASTER in the year(s): \_\_\_\_\_

and has distinguished himself to our Companions through the following CRYPTIC MASONIC activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(if additional space is needed, please continue on reverse of this page)*

Our Companion is a Brother of: \_\_\_\_\_ LODGE NO. \_\_\_\_\_

and a Royal Arch Mason in: \_\_\_\_\_ CHAPTER NO. \_\_\_\_\_

and (if) a Knight Templar in: \_\_\_\_\_ COMMANDERY NO. \_\_\_\_\_

It is fully understood that this is only a recommendation and is not binding on the Grand Council or Grand Master. This recommendation comes with the endorsement of the Companions of our Council expressed at an Assembly held

on: (Date) \_\_\_\_\_

ATTEST (with Council Seal):

SIGNED:

\_\_\_\_\_  
RECORDER

\_\_\_\_\_  
ILLUSTRIOUS MASTER

If I am recommended and appointed to serve as Grand Representative of a Grand Council with whom we are in fraternal relations, as defined in the Constitutions & General Regulations of the Grand Council Cryptic Masons of the State of N.Y., I agree to attend the Annual Assemblies of the Grand Council Cryptic Masons of the State of NEW YORK and to correspond annually with my counterpart Grand Representative in the jurisdiction that I may represent.

(Signature of Companion being recommended): \_\_\_\_\_

*(cont. on reverse)*

(CRYPTIC MASONIC activity - cont.):

**Signatures of PAST ILL. MASTERS of the COUNCIL endorsing this recommendation:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**COUNCIL RECORDER:** *When completed please send this form to your* DISTRICT DEPUTY GRAND MASTER.

\*\*\*\*\*

**DISTRICT DEPUTY GRAND MASTER'S SIGNATURE:**

\_\_\_\_\_ Date: \_\_\_\_\_

***Comp. DDGM: Please forward original copy to the MOST ILL. GRAND MASTER, one copy to the GRAND RECORDER and one copy to the RECORDER of the COUNCIL making this recommendation.***

\*\*\*\*\*

**This recommendation is:**

**DISAPPROVED:** [    ]

**APPROVED** [    ] **and recommended to the Grand Council of:** \_\_\_\_\_

\_\_\_\_\_ **Most Illustrious Grand Master**

**Date:** \_\_\_\_\_