

**Most Worshipful Prince Hall Grand Lodge
Jurisdiction of Maryland
1307 Eutaw Place
Baltimore, Maryland 21217**

**EXEMPTION REQUEST
(Print all information)**

Name: _____ Date _____

Lodge Name: _____ Lodge # _____

Date of Birth _____ Age _____ Year Raised _____

Circle One -- Married Single Divorced Widowed

Employment (Full or Part time) _____ Retired _____

Name of Employer or Former Employer _____

Are You Self-Employed? _____ Type of Employment _____

Your General State of Health: Good _____ Fair _____ Poor _____

Your Health Problems: _____

Your Doctor's Name and Address _____

How Many Dependents Do You Support & Their Relationship to You _____

Do You Own, Rent or Buying Your Home? _____

The Amount of Your Monthly Payments for the Above Item: _____

Do You Own Property Other Than One Home? _____ Give details _____

Source of Income (Give Amounts): Social Security _____ Monthly

Other Pensions _____ Monthly Full Employment _____ Weekly or Monthly

Earned Interest & Dividends _____ Monthly () or Yearly ()

Rental Income _____ Weekly () Monthly ()

Business or Investment Profits _____ Monthly () or Yearly ()

Total Cash on hand all accounts, including Certificates of Deposits _____

Is Your Wife Working or Retired on Social Security or Other Pensions? _____

If answer is Yes, State Income _____ Monthly

Are Your Financial Obligations to Your Lodge Current? _____

Have You Requested Exemption From Grand Lodge Assessments Before? _____

If Answer is Yes - When _____ What Assessment? _____

Was the Exemption Granted? _____

Brother's Signature

NOTE: All applicable questions must be answered. Failure to do so will nullify this request.

Signature of Investigation Committee:

**Recommendation of
Investigation Committee**

Approve _____ **Disapprove** _____
Date _____

At a Regular Communication of _____ **Lodge #** _____
held on the _____ Day of _____ this Exemption Request was read to the
Lodge and Discussed. The Lodge voted that the Request be _____.

Given Under Our Hand and Seal,

Seal

Worshipful Master

Secretary

District Deputy Grand Master _____ **District #** _____ **Date** _____

Grand Lodge Action:

Date Received by Exemption Committee _____

Date Reviewed by Exemption Committee _____

Approved _____ **Disapproved** _____

Returned for Additional Information _____

Signature
Exemption Committee Chairman