

Nomination Form
for
THE GRAND COUNCIL OF ROYAL AND SELECT MASTERS OF TEXAS

ROYAL PURPLE SERVICE AWARD

NOMINEE: _____
(First) (Middle) (Last) (Wife's Name)

ADDRESS: _____ () _____
(Street) (City) (Zip) (Telephone)

BIRTH PLACE & DATE: _____ / _____ / _____
(City) (State) (Month, Day, Year)

	NAME	NO.	OFFICE HELD
LODGE:	_____	_____	_____
CHAPTER:	_____	_____	_____
COUNCIL:	_____	_____	_____
COMMANDERY:	_____	_____	_____

CURRENT OR PREVIOUS PROFESSION: _____

CIVIC HONORS, MEMBERSHIPS, COMMUNITY SERVICES: _____

MASONIC HONORS, RANKS, OR POSITION TO THOSE ABOVE: _____

CHURCH MEMBERSHIP & ACTIVITIES: _____

Basis for your nomination shall be in writing. Use additional sheets, if necessary, and attach to this form.

Submitted By: _____ **Date :** _____

Mailing address & Telephone No: _____