

The General Grand Council of Cryptic Masons, International

Youth Advocate			_		A south		
Requested is (shipping & h	andling i	ncluded for U	IS orders	5):			
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First Name	Middle	Middle Name		ne	Suffix		
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Sponsoring Organization (Plea Full Name of Masonic Organization (i.e.: Edgew			-) ons (Place for Seal, etc.)		
Head of Body Name (i.e.: Bob Smith)				Head of Body T	itle (i.e.: Worshipful Master	r, etc.)	
Secretary/Recorder Name (i.e.: Travis Jones)				Secretary/Reco	rder Title		
Recipient Information							
Full Name (Print Clearly – Limit 25 Characters)				Role, Organizatio	on (i.e.:Scoutmaster, Troop	36, Alb. NM)	
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Preferred Date Event	ferred Date Event			Location			
Completing the Order:			Cr	Cryptic Masons International			
Please return this completed form with payment payable to <i>Cryptic Masons International</i> . Payments may be made			· ·	Attn: Mark E. Irwin PO Box 317			

via the website - <u>https://crypticmasons.org</u>, or by using PayPal to <u>payments@generalgrandcouncil.org</u>. Please add a 5% convenience fee for payments by credit card. For

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more information please contact: Mark E. Irwin, General Grand Recorder +01 (443) 750-0842.