



Grand Chapter State of New York, Royal Arch Masons

RELIEF OF ROYAL ARCH MASONS AND THEIR DEPENDENTS SUFFERING FROM DISEASES OF THE LUNG

Companions,

At the Convocation of the Grand Chapter of the State of New York, Royal Arch Masons, held at Albany in 1964, an amendment to Section 17-B of the Constitution was adopted which broadened the relief extended through the Committee on the Relief of Distressed Tubercular Royal Arch Masons and their dependents. The effect of the amendment was that the Committee can now render assistance not only in case of tuberculosis but also in cases of other chronic diseases of the lungs (cancer, asthma, emphysema, etc.).

Your Committee is prepared to render assistance and will give prompt attention to Applications for relief. (This can mean a monthly stipend to supplement current income based on the needs of the applicant.)

Each application for relief must be approved by the Chapter of which the Applicant is a member or by the High Priest, if the Chapter by vote delegates the power of approval to that Officer.

Each application must be investigated by a Committee of three Companions appointed by the High Priest of the Chapter of which the applicant is a member.

No action should be taken by the Chapter or High Priest on an Application until proper application forms have been obtained and completed by the Applicant. The completed application forms (pages 2-5) should then be mailed to the Grand Secretary's office, Grand Chapter NY RAM, 2150 Bleecker Street, Utica, NY 13501.



Grand Chapter State of New York, Royal Arch Masons

**APPLICATION FOR ASSISTANCE FOR ROYAL ARCH MASONS
AND/OR THEIR DEPENDENTS DISABLED AS A RESULT OF ANY
CHRONIC LUNG DISEASE**

The undersigned, a New York Royal Arch Mason in good standing or his dependent, hereby applies for assistance and submits the following statement:

Full Name of Applicant: _____

Residence: _____

Telephone (Home): () - / Telephone (Cell): () -

Email: _____

Date of Birth: / / . Relation to Royal Arch Mason: _____

Primary Contact (this should be a spouse, health care proxy or person with power of attorney):

Name: _____ Relationship: _____

Contact Address: _____

Telephone: () - Email: _____

Secondary Contact:

Name: _____ Relationship: _____

Contact Address: _____

Telephone: () - Email: _____

Royal Arch Mason's Name: _____

Date of Raising: / / in _____ Lodge No. ____

Located at: _____

Date of Exaltation: / / in _____ Chapter No. ____

Located at: _____

Describe the nature of your lung ailment (continue on separate piece of paper if necessary):

