

**Academy of Masonic Knowledge  
Masonic Scholar Certification Program**

**Registration Form**

I hereby make application for enrollment as a participant in the Academy of Masonic Knowledge Masonic Scholar Certification Program of the Grand Lodge of PA, F.&A.M.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Member of \_\_\_\_\_ Lodge, Number \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ District Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Mail this form to: William R. Rininger  
1120 Karen Street  
Boalsburg, PA 16827-1642

\*\*\*\*\* Do not write below this line – for office use only \*\*\*\*\*

Date Received: \_\_\_\_\_ Number: \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ By: \_\_\_\_\_

Comments: