



# Scottish Rite Bodies Valley of Southern Illinois

1549 Frank Scott Parkway West • Belleville, IL 62223  
618-235-3350

## Restoration Special

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

To the Officers and Members of the valley of Southern Illinois, I, (print) \_\_\_\_\_,  
hereby request to be restored to the Ancient and Accepted Scottish Rite, Valley of Southern Illinois.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Since \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Member Number: \_\_\_\_\_

Occupation \_\_\_\_\_

I am a member of \_\_\_\_\_ Lodge No. \_\_\_\_\_

Lodge Located in: \_\_\_\_\_

Active Military  Yes  No Veteran  Yes  No

Branch \_\_\_\_\_ Start Date \_\_\_\_\_

Discharge Date \_\_\_\_\_ Discharge Status \_\_\_\_\_

I have remitted the amount of \$ \_\_\_\_\_ .

Fraternally,  
\_\_\_\_\_  
(Signature)

Top Line Signer for Restoration: \_\_\_\_\_ Member Number \_\_\_\_\_

(Print)

Restoration Fees: Current Years Dues plus per capita for current year. (Dues \$85.00 and Per Capita \$30.00)

### Office Use:

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

Amount Paid: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Method of Payment:

Restoration automatically on: \_\_\_\_\_

Cash -  Credit Card

Date Member Notified: \_\_\_\_\_

Check # \_\_\_\_\_