

**TENNESSEE ACADEMY OF MASONIC KNOWLEDGE  
ENROLLMENT FORM**

Date \_\_\_\_\_

To the Worshipful Master, Wardens and Brethren of the Tennessee Lodge of Research, F.&A.M. of Tennessee:

I, \_\_\_\_\_  
(full name, not just initials),

at present a member in good standing of

\_\_\_\_\_ Lodge No. \_\_\_\_\_, located at

\_\_\_\_\_ in the Grand Jurisdiction of

\_\_\_\_\_ Grand Lodge,  
wish to enroll in the Tennessee Academy of Masonic Knowledge.

Residence address (include zip):

Phone (include area code):

Additional phone (optional, include area code):

(SIGN) \_\_\_\_\_

NOTES :

INSTRUCTIONS: Send the completed form and \$25.00, payable to T. L. R., to:

Bro. George C. Ladd, Sec.  
4521 Turkey Creek Road  
Williamsport, TN 38487-2123