Knights of the Order of Saint Andrew Valley of Montgomery, Orient of Alabama P.O. Box 210956 Montgomery, AL 36121-0956

Phone (334) 277-8109

FAX: (334) 277-8177

REINSTATEMENT REQUEST INTO THE KNIGHTS OF ST. ANDREW

Print or Type * Please fill in all applicable spaces

Full Name:	(Last)	(First)	(Middle)	(Suffix)
Address:				
		(Street	t)	
	(City)	(State)	(zip)	
Contact Phone: (Alt Pho	one: ()	
E-Mail Address: _				-
Blue Lodge:		(Name & N	Number)	
Date of Birth:	/ / / DD / YYYY)	Spouses Name: _		
Current or Pre-Re	etirement Occupation:			
Name of Busines	s:			
Address Busines	s:	(Street	t)	
	(City)	(State)	(zip)	
Dates Active with	the KSA prior to leavi	ng / positions if held:		
		hts, privileges, and respective restored to the inactive	ponsibilities of active member	ership of KSA Valley of
Signature:			Date:	
Printed Full Name	e:			
Office Information	n: (Past Dues if any) D	ate Received:	_ Amount Paid:C	ash or Check #
Receipts #		Date of Reinstatement:	(MM / DE	D / YYYY)