



GRAND LODGE OF MISSISSIPPI

MEMBERSHIP VERIFICATION FOR SPECIAL TAG



Tax Collector: Please accept this as proof of authorization for the individual listed below to obtain any of the GRAND LODGE OF MISSISSIPPI Special Tags. If necessary, you may call the Grand Secretary of the Grand Lodge of Mississippi at 601-482-2914 for verification.

INFORMATION FOR MEMBERS

1. YOU MAY APPLY SEPARATELY FOR A HANDICAP PLACARD OR DECAL TO USE IN CONJUNCTION WITH YOUR MASONIC TAG.
2. SPECIAL NUMBER REQUESTS (VANITY PLATES) CANNOT BE ACCOMMODATED.
3. YOU MUST SUBMIT A VALIDATED APPLICATION FORM FROM THE GRAND SECRETARY'S OFFICE FOR EACH PLATE REQUESTED.
4. IF YOU QUALIFY FOR A HANDICAP PLATE/PLACARD, YOU CAN ALSO RECEIVE A HANDICAP DECAL TO USE WITH YOUR MASONIC SPECIAL TAG.
5. THE NAME ON THE APPLICATION MUST BE THE SAME NAME(S) LISTED ON THE VEHICLE REGISTRATION. VEHICLES MAY BE REGISTERED OR LEASED IN THE NAME OF ONE OR MORE OWNERS, BUT ONE OF THE OWNERS OR LESSEES MUST BE A MEMBER, WIFE, DAUGHTER, MOTHER, SISTER, OR WIDOW OF THE DECEASED MEMBER OF THE SPECIAL AUTHORIZED GROUP, OR A PERSON APPROVED BY A MASTER MASON IN GOOD STANDING WITH THE GRAND LODGE OF MISSISSIPPI, FREE AND ACCEPTED MASONS.
6. THE COUNTY TAX COLLECTOR WILL CHARGE AN ADDITIONAL FEE AT THE TIME OF REGISTRATION IN ADDITION TO THE OTHER ANNUAL REGISTRATION FEES (REGISTRATION FEES, AD VALOREM TAXES, AND OTHER APPLICABLE COUNTY AND LOCAL TAXES). A LARGE PORTION OF THIS ADDITIONAL FEE IS WHAT WILL GO TO THE GRAND LODGE ENDOWMENT FUND.
7. DOCUMENTATION OF ELIGIBILITY IS SUBJECT TO VERIFICATION AND REVIEW BY THE COUNTY TAX COLLECTOR. THE FOLLOWING STATEMENT MUST BE SIGNED BY THE AUTHORIZED ORGANIZATION REPRESENTATIVE.

Full Name: _____

Street Address: _____

City, Zip: _____

I verify that the applicant is a member, wife, daughter, mother, sister or widow of a deceased member of the group and is authorized to obtain a special license plate recognizing the organization identified above.



Authorized Grand Lodge Representative's Signature

GARY B. JONES

Authorized Grand Lodge Representative's Printed Name

GRAND SECRETARY

Title of Authorized Representative

Date Signed

GROUP USE ONLY



VALID

GRAND LODGE OF MISSISSIPPI