



**Convent General
Knights York Cross of Honour
Prince Hall Affiliated, Inc.**



**MERITORIOUS SERVICE AWARD
NOMINATION**

This award will be open to all members of the Knight York Cross of Honour that have done exceptional things in their jurisdictions in terms of York Rite Freemasonry. Each Priory will be allowed to submit one name per year for the award, understanding, however, just because a name is submitted does not mean that they will be awarded. There will be a limited number of members allowed to hold this award at any given time. The fee for this award is **\$250.00**, which will include a badge, and certificate. The Priory will be responsible for the submission of the name and recommendation of the award to the Awards Committee. The Committee will review and make their recommendation. The fee must be received with the nomination of the Knight so items may be ordered and ready for the awards ceremony at the Convent General. A Masonic Resume must be sent in with the application. ***In order to receive the MSA, it is understood that the awardee must be present at the Convent General Session, as a registered attendee.***





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NOMINATION**

To the Most Eminent Grand Master General and Award Committee.

It gives me,

_____ great pleasure as Eminent Prior of; _____
(Eminent Prior's Printed Name) (Prior Name and Number Printed)

to nominate: _____ an outstanding member of

our Priory for the MSA Award. We celebrate his unwavering years of service, work performed and dedication to the order. This individual has truly been an asset to our Priory, as well as Prince Hall Affiliated Freemasonry in the Jurisdiction of: _____
(Name of Jurisdiction)

I have read and understand the requirements for nomination and have included the required fee of \$250.00 (in the form of a Cashier's Check made payable to the Convent General PHA, Inc. along with our nominee's Masonic Resume and 6x4 color photo Regaled.

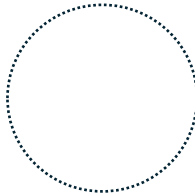
Total Amount Enclosed: \$ _____

In the Garden of the Kings,

Eminent Prior: _____

Email: _____

Phone: _____



Registrar: _____

Email: _____

Phone: _____

To be filled in by Committee

Date Received: _____ () Approved () Not Approved