



The Grand Council of Cryptic Masons of the State of Illinois

Cryptic Masons University Application

Companion (full name) _____

Of _____ Council No. _____

Wishes to apply to the Cryptic Masons University for conferral of degrees.

Enrollment Fee:	\$ 25
Associate Degree:	+\$100
Bachelor Degree:	+\$125
Master Degree:	+\$250
Specialist Degree:	+\$250
Doctorate Degree:	+\$250

Enclosed is my enrollment check for \$25 plus tuition (credit toward my next degree)

Of \$ _____.

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail address: _____

Enrollment and tuition fees are to be mailed to:

**Ronald E. Fullerlove
P. O. Box #310
Sherrard, IL 61281**

Please make payable to NURSES FOUNDATION, INC. Your donations are deposited in a 501."C3" account and are 100% tax deductible.

If you would like information on how to make a bequest in your will please let us know.