



*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:	\$ 27
Associate Degree:	+\$ 73
Bachelor Degree:	+\$100
Master Degree:	+\$200
Specialist Degree:	+\$250
Doctorate Degree:	+\$250

Enclosed is my enrollment check for \$27 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:

**Arlo R. Sloan, MIPGM
9100 N. 1300th Ave
Osco, IL 61472-9505**

Please make payable to NURSES FOUNDATION, INC.

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