

PETITION FOR AFFILIATION

(For former members of another Temple, please attach letter of good standing or demit from former Temple.)

Date: _____

To the members of _____ Temple No. _____ City _____ State/Prov _____.

I, _____, was a member of _____ Temple No. _____,

(City) _____ (State/Prov) _____. As the accompanying letter of good standing/demit will show, I wish to become a member of your Temple.

Signature: _____ Spouse: _____

Address: _____

City: _____ State/Prov _____ Zip/Postal Code: _____

Telephone: _____ Cell Phone: _____ Email: _____

My eligibility relative: _____ (e. g., Spouse/Mother/Daughter) of _____

Who is/was a member of _____ City: _____ State/Prov _____

Circle organization: (Shrine Center/Masonic Lodge/Daughters of the Nile Temple/Masonic-related organization for girls/Former Patient at a Shriners Hospital for Children®) My request has been signed below by two members of your temple:

Recommended by: 1. _____ 2. _____
Signature Signature

Presented _____ Date Signed Membership Book: _____

Please complete form and return with total payment to:

Affiliation Fee of \$ _____

Current Dues of \$ _____

Per Capita of \$ _____

Total Of \$ _____

_____ Temple No. _____

_____ Princess Recorder

Address: _____

City: _____ State/Prov _____ Zip _____