

PETITION FOR DUAL MEMBERSHIP

(For member who desires to belong to two Temples)

Date: _____

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

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

(City) _____ (State/Prov) _____, as the accompanying letter of good standing will show, wish to affiliate with your Temple as a Dual Member.

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®)

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 \$ _____

(No Per Capita)

_____ Temple No. _____

Princess Recorder

Address: _____

Total Of \$ _____

City: _____ State/Prov _____ Zip _____