PETITION FOR AFFILIATION

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

Date:	00			
To the members of	PALL	Temple No	City	State/Prov
l,	, was a	member of	MILL	Temple No,
(City)				g/demit will show, I wish to become
a member of your Temple.		(6)		
Signature:		Spouse:	(R)	
Address:				
City:		State/Prov	Zip/Pos	stal Code:
Telephone:	Cell Phone:	Email:		
My eligibility relative:		(e. g., Spouse/Mother/	Daughter) of	
Who is/was a member of		City:	State/P	rov
Circle organization: (Shrine Center/Ma Shriners Hospital for Children®)		of the N <mark>ile Temple/Maso</mark> nic-rest has been signed below by tw		
Recommended by: 1.		2.		
Signatur			nature	
Presented	2/1	Date Signed Members	ship Book:	
	Please complete	form and return with total par	yment to:	
Affiliation Fee of \$		A VIII		
Current Dues of \$		Tem	ple No	
Per Capita of \$		W VID	Princess R	ecorder
	Address:	V /03	/D	
Total Of \$	City:		_ State/Prov	Zip
		7		Revised 04/2015