COUNCIL

PETITION FOR PLURAL MEMBERSHIP

TO: Council Name:		Council No.		City			State	
Last Name (Please Print))		Middle Name		First Name			Date of Request	
							·	
Street Address		City		State			Zip Code	
Home Telephone Mobile Phon		ie Occu		pation		Email ad	Email address	
Orders Received In (Council Name)		Council No.		City			State	
Do you realize that if you Demit from your Mother Council that you must file said Demit with the Recorder of this Council?								
Response:								
And, that by so doing you automatically become a regular member of this Council?								
		Respo	nsa.					
Do you know that if you	u are suspe			ership in vo	our Mo	other Council	that you are	
automatically suspend				- I J			· · · , · · · ·	
		Respo	nse:					
I hereby certify on my honor that all of these answers are true and correct to the best of my knowledge, and that I have read, understand and agree with all statements made on this form.								
Sign Name in Full (above)				Date				
Sign Nam	ie in Full (abo∖	/e)				Date		
Sign Nam	e in Full (abov		FERE	NCES		Date		
Sign Nam Name	e in Full (abov			NCES		Date City	State	
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	in Full (abov	RE Street Addr	ress				State	
		RE Street Addr	ress MMEN	DATIONS	etition	City		
Name	two (2) me	RE Street Addr	ress MMEN	DATIONS	etition	City		
Name Requires signatures of for the character of the	two (2) me	RE Street Addr	ress MMEN	DATIONS	etition	City	/ho thereby vouch	
Name Requires signatures of for the character of the	two (2) me Petitioner.	RE Street Addr	ress MMEN	DATIONS	etition	City is directed w	/ho thereby vouch	
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