

Job's Daughters International

Petition for Membership

(Bethel Recorder reads only information in this box at Bethel Meeting) To the Honored Queen, Officers and Members of Bethel No. _____ of ______: Name: _____ Age _____ City: _____ State/Province: ____ Zip/Postal Code: ____ Phone No.: Email: I claim eligibility to membership in Job's Daughters International because I am the ____ , a Majority Member/a Master Mason in
(If a Majority Member, include Maiden Name) (Lodge name & No. or Bethel No.) , or who was in good standing at the time of death, or so related to his wife or widow. Signature of your recommenders: (Member of the Bethel) (A Master Mason or a woman of proper Masonic relationship) The initiation fee of \$ accompanies this petition. Place and date of birth: I attend school at: Father's full name: Address: (If different than Petitioner) Mother's full name: Address: (If different than Petitioner) Have you previously petitioned a Bethel of Job's Daughters? If rejected, state number location of Bethel: * Address of person through whom you claim eligibility: I have been informed of the objects and aims of Job's Daughters International and petition for membership. If I am admitted to membership, I promise to conform to all the laws and regulations of the organization. (Signature of Petitioner) (Date) I approve and consent to the filing and reading of this petition, subject to the laws, rules and regulations of Job's Daughters International. (Parent or Guardian) (Date)



Job's Daughters International Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Jobs Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may

occur or be produced in taking, proc Please check the paragraph					i distribution.
I am 20 years of age or older below, and I fully understand the ospecific questions regarding this reled to so will be interpreted as a free an	contents, meaning and in ease by submitting those	npact of questions	this release. I un s in writing prior to	derstand that I am a signing, and I agre	free to address any
I am the parent or legal guard understand the contents, meaning a regarding this release by submitting interpreted as a free and knowledged	and impact of this release g those questions in wri	se. I und ting prior	erstand that I am to signing, and I	free to address any	specific questions
I am the parent or legal guardaughter and respectfully request community and fun activities whene Job's Daughters' activities, I fully photos taken by individual adults an	that she be kept out of ever possible. Although understand that Job's D	f all Job attempts aughters	's Daughters pho will be made to rer	tos, group shots ar nove my daughter f	nd photos taken at rom photos taken at
Date:	Bethel No	Loca	tion		
				(City/State/	Province)
Name (please print):					
		(City)	(State/Province)	(Zip/Postal Code)	
		(City)	(State/Province)	(Zip/Postal Code)	
Address:(Street) Signature:		(City)	(State/Province)	(Zip/Postal Code)	
Address:(Street)	1	(City)	(State/Province)	(Zip/Postal Code)	
Address:(Street) Signature: Signature of parent or legal guardian	1(if under	(City)	(State/Province)		
Address:(Street) Signature:	i (if under	(City)	(State/Province)		

Email: sgc@ioid.org

Papillion, NE 68046-2210