

PETITION FOR REINSTATEMENT

Date: _____

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

I, _____, a former member of _____ Temple No. _____,
dropped for non-payment of dues, solicit reinstatement of my membership.

Applicant's Signature: _____

Address: _____

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

Telephone: _____ Cell Phone: _____ Email: _____

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Please complete form and return with total payment to:

Arrearage Dues
(1 year) of \$ _____

Current Dues of \$ _____ Temple No. _____

Per Capita of \$ _____ Princess Recorder

Total of \$ _____ Address: _____

City: _____ State/Prov _____ Zip _____