

# PETITION FOR INITIATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, wish to become a member of Daughters of the Nile and it is my desire to be initiated into \_\_\_\_\_ Temple No. \_\_\_\_\_, (City) \_\_\_\_\_ (State/Prov) \_\_\_\_\_.

Applicant's 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®)

**Please complete form and return with total payment to:**

Initiation Fee of \$ \_\_\_\_\_

Current Dues of \$ \_\_\_\_\_ Temple No. \_\_\_\_\_

Per Capita of \$ \_\_\_\_\_ Princess Recorder

Address: \_\_\_\_\_

**Total Of** \$ \_\_\_\_\_ City: \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_