

Application for Dual Membership

(Bethel Recorder reads only information in this box at Bethel Meeting)

To the Honored Queen, Officers and Members of Bethel No of	
I respectfully apply for Dual Membership in this Bethel. I am current	
Bethel No located at	
wish to have dual membership with Bethel No located at	
which is within this Jurisdiction OR in the Jurisdiction of	
If accepted, I request that you permit me to sign the Permanent Record B	
Name:	
In my original application I claimed eligibility to membership in Job's D	
of, a Majority Member of Bethel No.	of; or;
a Master Mason in(Lodge	(Location)
_	
who was in good standing, at the time of death, or so related to his wife	
After diligent and exhaustive search Masonic relationship could not be v	, 11
, a Majority Member of Bethel No.	
a Master Mason of	
Recommended by:	
The dues of \$ accompanies this application.	
Address:	
City: State	Zip/Postal Code:
Phone No.: Email:	
Place and date of birth:	
I attend school at:	
Father's full name:	
Address (if different from Applicant)	
Mother's full name:	
Address (if different from Applicant)	
Signature	Date
Signature of Parent/Guardian	Date
I hereby certify that	is a Member in Good Standing. She is
not suspended or expelled and has no disciplinary actions pending.	
Signature of Bethel Guardian	Date
Bethel No. and Location	



Job's Daughters International Daughter Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name, photographs and or videos 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 videos 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, videos or printed electronic or digital 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 photographs, videos or printed electronic or digital matter.

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 or videos, 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, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below	which is applica	ble to you	ir present situation:		
I am 18 years of age or older and lebelow, and I fully understand the contents, questions regarding this release by submitted be interpreted as a free and knowledgeable.	, meaning and imp	act of this as in writi	s release. I understa	and that I am free to a	address any specific
I am the parent or legal guardian of understand the contents, meaning and impathis release by submitting those questions free and knowledgeable acceptance of the	nct of this release. in writing prior to	I understar signing,	nd that I am free to	address any specific	questions regarding
I am the parent or legal guardian of displayed of my daughter and respectfully photos and/or videos taken at community daughter from photos and/or videos taken at its subordinates are not responsible for photos.	y request that she and fun activities at Job's Daughters	be kept wheneve a' activitie	out of all Job's Da r possible. Althoug s, I fully understan	nughters photos and, gh attempts will be rad that Job's Daughte	or group shots and nade to remove my rs International and
Date:	Bethel No.	Loca	tion		
Name (please print):				(City/State/	Province)
Address:(Street)		(City)	(State/Province)	(Zip/Postal Code)	
Signature:					
Signature of parent or legal guardian		er 18 years o			

Print