



APPLICATION FOR DEMIT

I, _____ submit this application for demit

to the Illustrious Companions of _____ Council No. _____

located in the city of _____, Washington State.

My mailing address is: _____

City _____ State _____

Zip Code _____

I wish to demit to:

_____ Council No. _____

Address: _____

City _____ State _____

Submitted this _____ day of _____ 20____.

Signature _____

TO BE COMPLETED BY COUNCIL (Apply Councils' Seal)

This application of demit is granted this _____ day of _____ 20____

Thrice Illustrious Master

Illustrious Recorder

TO BE COMPLETED BY NEW COUNCIL (Apply Councils' Seal)

On _____ 20____ Council No. _____
day month year

received and accepted/rejected this application of demit. Return this demit application to the Grand Illustrious Recorder within thirty days of the councils' action.

Thrice Illustrious Master

Illustrious Recorder

****NOTE: This application is good for 45 days from date of issuance.****