



## APPLICATION FOR DEMIT

I, \_\_\_\_\_ submit this application for demit

to the Companions of \_\_\_\_\_ ChapterNo. \_\_\_\_\_

located in the city of \_\_\_\_\_, Washington State.

My mailing address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

I wish to demit to:

\_\_\_\_\_ Chapter No. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

Submitted this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature \_\_\_\_\_

**TO BE COMPLETED BY CHAPTER (Apply Chapters' Seal)**

This application of demit is granted this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Excellent High Priest

\_\_\_\_\_  
Comp. Secretary

**TO BE COMPLETED BY NEW CHAPTER (Apply Chapters' Seal)**

On \_\_\_\_\_ 20\_\_\_\_ Chapter No. \_\_\_\_\_  
day month year

received and accepted/rejected this application of demit. to Return this demit application  
the Grand Secretary within thirty days of the chapters' action.

\_\_\_\_\_  
Excellent High Priest

\_\_\_\_\_  
Comp. Secretary

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