



# JOB'S DAUGHTERS INTERNATIONAL

## Petition for Membership

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

To the Honored Queen, Officers and Members of Bethel No. \_\_\_\_\_ of \_\_\_\_\_  
(Location)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

I claim eligibility to membership in Job's Daughters International because I am the \_\_\_\_\_ of \_\_\_\_\_, a Majority Member of Bethel No. \_\_\_\_\_ of \_\_\_\_\_; or \_\_\_\_\_ a Master Mason in \_\_\_\_\_  
(Location)  
(Lodge Name, Number and; Location.)

who was in good standing, at the time of death, or so related to his wife or widow.

After diligent and exhaustive search Masonic relationship cannot be verified for my Petition. I am sponsored by \_\_\_\_\_, a Majority Member of Bethel No. \_\_\_\_\_ and \_\_\_\_\_ a Master Mason of \_\_\_\_\_ (Lodge Name, No. and Location)

Signature of your recommenders: \_\_\_\_\_  
and \_\_\_\_\_

The initiation fee of \$ \_\_\_\_\_ accompanies this petition.

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 Petitioner) \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Address (if different from Petitioner) \_\_\_\_\_

Have you previously petitioned a Bethel of Job's Daughters? \_\_\_\_\_

If rejected, state number and location of Bethel: \_\_\_\_\_

Address of person through whom you claim eligibility: \_\_\_\_\_

OR: Address of Master Mason sponsor: \_\_\_\_\_

Address of Majority Member sponsor: \_\_\_\_\_

I have been informed of the objects and aims of Job's Daughters International and petition for membership. If I am admitted to membership, I promise to conform to all the laws and regulations of the organization.

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Date)

I approve and consent to the filing and reading of this petition, subject to the laws, rules and regulations of Job's Daughter International.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)



*Job's Daughters International  
Grand Guardian Council, Nebraska  
Media Release Form*

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

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, 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 applicable to your present situation:

I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: \_\_\_\_\_ Bethel No. \_\_\_\_\_ Location \_\_\_\_\_  
(City/State)

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Signature: \_\_\_\_\_

Signature of parent or legal guardian  
(if under 20 years of age): \_\_\_\_\_

A copy of this form shall be kept in the permanent files of the Bethel and a copy sent to:

Denise Hamilton, PGG  
Grand Secretary  
6303 North 104<sup>th</sup> Street  
Omaha, NE 68134

Phone: 402-571-6664  
E-mail: [denisehamilton1@msn.com](mailto:denisehamilton1@msn.com)