PETITION FOR REINSTATEMENT

Date:		100		- 6		7	
To the members of	/	Temple	No, (City) _	7/11/4	/	_(State/Prov)	
l,		, a former m	ember of	HEININ		Temple No,	
dropped for non-payment of dues, solicit reinstatement of my membership.							
		Applicant's Signature:					
Address:							
City:			State/Prov		_ Zip/Postal C	ode:	
Telephone:		Cell Phone:	Email:	\			
			J.				
		Please complete form	and return with to	tal navment to			
		riease complete form	and return with to	tai payment to			
Arrearage Dues (1 year) of	¢		1 Y		1		
	Ψ				1		
Current Dues of	\$		Te	e <mark>mple No</mark>	}		
Per Capita of	\$			Princ	ess Recorder		
Total of	Ś	Address:	WREE				
	-		I WIND	Chat : /Dur		7 :	
		City:	VIS /	State/Prov_	·	Zip	

Revised 04/2015