



APPLICATION FOR "CONTINUING SERVICE AWARD"

Date: \_\_\_\_\_

TO: \_\_\_\_\_, Chairman
\_\_\_\_\_, Member
\_\_\_\_\_, Member

You are to serve as a committee of three to select a Sojourner of \_\_\_\_\_ Shrine No. \_\_\_\_\_ to receive the "Continuing Service Award" for the year 20\_\_\_\_. It also will be your duty, with my approval, to plan for the presentation in accordance with the guidelines set forth.

\_\_\_\_\_, WHP
(Signature)

Date: \_\_\_\_\_

To the Worthy High Priestess:

We have selected Sojourner \_\_\_\_\_ to receive the "Continuing Service Award". Fraternal service consists of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, Chairman
\_\_\_\_\_, Member
\_\_\_\_\_, Member

To the Worthy Scribe:

Please order from the Supreme Worthy Scribe a "Continuing Service Award" certificate as indicated for Sojourner \_\_\_\_\_.

\_\_\_\_\_, WHP
(Signature)

IMPORTANT: This order will not be filled unless accompanied by check and the form is signed by the Worthy High Priestess and the members of the committee.

Worthy Scribe: Please fill out the form below in full, with the Shrine seal, and send it with a check to the Supreme Worthy Scribe.

Date: \_\_\_\_\_

**CONTINUING SERVICE AWARD**

Please furnish \_\_\_\_\_ Shrine No. \_\_\_\_\_ State \_\_\_\_\_  
a "Continuing Service Award" certificate in the name of:

Sojourner \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

*Worthy Scribe please include complete name and address of Sojourner receiving the award so a card of congratulations may be sent.*

and a \_\_\_\_ lapel pin or \_\_\_\_ charm/pendant, which is to be presented on \_\_\_\_\_, 20\_\_\_\_.

Certificate	\$2.00
Pin or Charm	\$5.00
Shipping	<u>\$1.50</u>
Total Due	\$8.50

Please allow at least three weeks for the preparation of the certificate and mailing time.

Make your check payable to: **Supreme Shrine General Fund** and mail to:

Judy E. Inukai, PSWHP  
Supreme Worthy Scribe  
11077 Fawnhaven Drive  
St. Louis MO 63126

A check in the amount of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_, Worthy Scribe

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

City, State, Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Seal of Shrine