

To the Supreme Worthy High Priestess:

#### SUPREME SHRINE

OF THE

### ORDER OF THE WHITE SHRINE OF JERUSALEM

### REQUEST FOR SPECIAL DISPENSATION

PLEASE READ: Requests must be made in duplicate. Place an "X" in the square in front of kind of dispensation needed. Use a separate form when more than one dispensation is requested. Send your request and check directly to the <u>Secretary of the Supreme Worthy High Priestess</u>, making your check payable to **Supreme Shrine General Fund**.

At a Stated Me	eeting (Date)			
			Shrine No.	
Located at			State of	
voted to reque	est a Special Disp	ensation to:		
☐ Move Ch	arter to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Fee: \$2.00
Dispense	with Stated Mee	eting or Meetings	(Date(s))	· · · · · · · · · · · · · · · · · · ·
***************************************		2		Fee: \$2.00
☐ To chang	e the date of Sta	ted Meeting or M	eetings (Date(s))	
				Fee: \$2.00
request must	carry seal of the S	Subordinate Shrir	de at a Stated Meet ne and be accompa	nied by the fee.
Please state b	riefly why reques	sted		
	Signed			,Worthy Scribe
(SEAL)	Street			
	City		State	Zip
Revised 0515	07			

# NHOC SIGNO

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		Shrine No.	
ocated at _	·	State of	
oted to requ	est a Special Dispensation to:		
Move Ch	narter to	Date	Fee: \$2.00
Dispens	e with Stated Meeting or Meetings	(Date(s))	
			Fee: \$2.00
To chan	ge the date of Stated Meeting or Me	eetings (Date(s))	
		3- (-//	
-			Fee: \$2.00
motion to re	equest a Dispensation must be mad carry seal of the Subordinate Shrin priefly why requested.	de at a Stated Meetir e and be accompan	ng, and if carried, ied by the fee.
motion to re equest must	equest a Dispensation must be mad carry seal of the Subordinate Shrin	de at a Stated Meetir e and be accompan	ng, and if carried, ied by the fee,Worthy Scribe

Revised 051507