

NOTICE OF ELECTION TO MULTIPLE MEMBERSHIP

(To be filled out by the Recorder of the Council with which the Companion is affiliating as a Multiple Member and sent to the Grand Recorder)

Electing Council must give official notice to all Councils in which the Companion holds Membership - Original or Multiple

THIS IS TO CERTIFY that on _____, 20_____

Companion _____ who resides at

_____ () -
Complete Address City State Zip Code Phone

was elected to Multiple Membership in _____ Council No. _____

Located at _____
City State Zip Code

(Seal)

Recorder