



PROPOSAL FOR MEMBERSHIP

Date: _____

_____ Temple No. _____
City _____ State/Province _____

Name: _____

Spouse: _____

Address: _____

City _____ State/Province _____

Zip Code/Postal Code: _____

Telephone: _____

Cell: _____

Email: _____

Eligibility: _____ (eg. Spouse/Mother/Daughter) of

Name: _____

Who is/was a member of _____

City _____ State/Province _____

Circle organization: (Shrine Temple / Masonic Lodge /
Daughters of the Nile Temple/ Masonic- related organization for
girls or was a patient with or with out Shrine or Masonic
relationship, at a Shriners Hospital for Children®)

Recommended by:

1. _____ (Signature)

2. _____ (Signature)

PROPOSAL FOR MEMBERSHIP: Part II, Article 1, Section 1.
(a) Eligibility to membership in a Temple shall be open to a
woman of good character who is eighteen years of age or older
and is related by birth or marriage to a Shriner, Master Mason, or
Daughter of the Nile, or is a Majority Member in Good Standing
of a Masonic- related organization for girls; or who was a patient
with or without Shrine or Masonic relationship, at a Shriners
Hospital for Children®. The Proposal for Membership shall be
signed and submitted by two members in Good Standing who
are acquainted with, and will vouch for, the woman.

Presented _____

Voted _____

Initiated _____



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MEMBERSHIP IN DAUGHTERS OF THE NILE

WHAT'S IN IT FOR ME?

Maintains over **25,000** members

Encourages Friendships

Manages a Philanthropy

Believes in Children

Educates Members

Raises Community Awareness

Supports Shriners Hospitals for Children®

Hosts Fun Events

Instills Confidence and Teamwork

Provides Leadership Opportunities

For more information, please visit the following websites:

www.daughtersofthenile.com
www.donfdn.org



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