





DEMIT

(Voluntary Withdrawal)
Membership No: _____

	Date: _			
TO WHOM IT MAY CONCERN:				
This is to certify that Knight			State	us:
	(Print name i	n tull)		
At his written request, and being o	lear on this Priory's records, h	nas withdrawr	n his membe	ership in:
	(Print Priory Name Number	r and Jurisdie	rtion)	
	(Print Priory Name, Numbe	er, and Jurisdic	ction)	
This Demit expires one (1) year fro all rights and privileges of the Orde	m the above date if the mem	ber has not af	filiated with	n another Priory. At that time
	m the above date if the mem er will be lost until reinstated Registrar Registrar Address:	ber has not af in his former	filiated with Priory.	(Priory Seal)
all rights and privileges of the Orde	m the above date if the memier will be lost until reinstated	ber has not af in his former	filiated with Priory.	(Priory Seal)
all rights and privileges of the Orde	m the above date if the mem er will be lost until reinstated Registrar Registrar Address:	ber has not af in his former	filiated with Priory.	(Priory Seal)