



## MARY B. THOMAS GIRLS YOUTH CIRCLE

Prince Hall Grand Chapter Order of the Eastern Star and

Rite of Adoption for the State of South Carolina and Jurisdiction

“Mentoring, Motivating, and Molding Today’s Companions into Tomorrow’s Leaders”

Train up a child in a way he should go: and when he is old, he will not depart from it.

Proverbs 22:6

### PETITION FOR MEMBERSHIP

District# \_\_\_\_\_

To the Officers and Members of \_\_\_\_\_ Unit  
No. \_\_\_\_\_ of the Mary B. Thomas Girls Youth Circle sponsored by the Prince Hall  
Grand Chapter of the Order of the Eastern Star and Rite of Adoption for the State of South  
Carolina and Jurisdiction.

I \_\_\_\_\_ am desirous of joining your Unit.

If accepted, I will try to live up to all rules of the Circle.

Recommended by member(s):

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

Advisor \_\_\_\_\_ or Helper

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

Name: \_\_\_\_\_  
*Last First M.*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian(s):

Name: \_\_\_\_\_ Phone \_\_\_\_\_ wk \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ wk \_\_\_\_\_

Date of Initiation: \_\_\_\_\_

(Unit Mother Advisor’s Signature)

Membership Termination Date: \_\_\_\_\_

(Unit Mother Advisor’s Signature)



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### **MEDICAL RELEASE**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Name of responsible for medical bill (Guarantor):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to contact in an emergency, other than parents(s),**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Do you have any known allergies, history of condition, diabetes, asthma, epilepsy, rheumatic fever or other existing conditions?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

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

**Consent:** I consent for my child to join the Mary B. Thomas Girls Youth Circle and to receive medical treatment in case of any injury or illness. The information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

\*Original Membership Petition must be retained. , as a permanent record of the Unit.

\*Upon termination of membership a copy must be sent to the State.