

Application for Membership

Date: _____ Palace Name: _____ No. _____

City: _____ District No. _____ District Deputy: _____

Sponsoring Court/No.: _____ Royal Council: _____



Applicant Name: _____ Age: _____ DOB: _____

Address: _____ City _____ State: _____

Apartment/Unit #: _____ Zip Code _____ Phone Number () _____

Church Affiliation: _____ Pastor: _____

School: _____ Grade _____ T-Shirt Size _____

Have you been a member of a youth group before? **Yes** ___ **No** ___

Name of Group: _____

Participant Agreement:

I am held accountable for my own achievements and I promise to help others whenever possible reach their goals of achievement.

I will keep peace and look for peaceful ways to solve conflicts in my family, school, and community and anyone that I come in contact with.

I am accountable and responsible for my behavior and will work hard to develop skills for self discipline; appropriate speech and manners; appropriate dress and posture.

I understand that this program is based on moral principles and our goal is to help each member develop the power of a positive attitude and thinking environment.

I promise to be respectful to my parents, facilitators and any who are in authority not only in this program but in every walk of life.

I Promise to keep all of these rules and regulations of this program to the best of my ability.

Participant (Print)

Participant (Signature)

Date

Parental Permission and Participation Slip

Dear Parent/Guardian,

We thank you for ~~allowing your Daughter to participate in the~~ “**Cannon Morris Youth Palace Royal G.E.M.S.**”. Our goal is to assist your child in becoming a well-rounded, self –motivated, productive citizen of society that they and we can be proud of. Keep in mind that we can only do this with your support and encouragement.

You will be informed of every meeting, field trip, or event that the group will be engaging in.

There will be events and programs we will ask for your support and assistance.

We are looking forward to working with you and your Daughter and hope that we can count on your full support as we embark on an interesting and positive future.

Sincerely,

Vernell B. Douglas

Vernell B. Douglas,
Most Ancient Grand Matron

Alice Jackson

Alice Jackson
Grand Youth Palace Directress

I give my permission for my Daughter _____
to participate in the “**Cannon Morris Youth Palace Royal G.E.M.S.**” and will support the efforts of this group to the best of my ability.

I understand that my child’s participation in the program is a privilege, and not a right. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established by the **Most Ancient Union Grand Court Heroines of Jericho, P.H.A -Cannon Morris Grand Youth Palace Royal G.E.M.S..**

Special Health Conditions: _____

Allergies (i.e.....food) _____

Parental/Guardian

Name: _____ Date: _____

Address: _____ City _____

State _____

Zip Code _____ Phone Number (____) _____ Cell Number (____) _____

Alternate Contact: _____ Phone Number(____) _____

Print

Signature

Date