



GRAND GUARDIAN COUNCIL OF INDIANA ~ JOB'S DAUGHTERS INTERNATIONAL

Request for Special Dispensation – Regular Form

To the Grand Guardian:

At a meeting held (date) _____, 20_____, Bethel No. _____ passed, by majority vote, a motion to request a Special Dispensation for the special privilege checked below.

GROUP A – Fee of \$2.00 must accompany these requests (check payable to the Grand Guardian Council of Indiana)

_____ To conduct election of officers (other than at the second meeting in May or November) on (date) _____, 20_____. Reason: _____

_____ To install officers at a time other than at a regular meeting as provided in Bethel Bylaws on (date) _____, 20_____.

_____ To dispense with regular meeting on (date) _____, 20_____. Meeting to be made up on (date) _____, 20_____.

_____ To dispense with regular meeting on (dates) _____, 20_____. For a vacation period, or the extension of such vacation period if provided for in the Bethel Bylaws.

_____ To hold special meeting on (date) _____, 20_____. Reason: _____

_____ To change meeting PLACE to (location) _____ Meeting Date: _____ Reason: _____

_____ To change HOUR of meeting to (time) _____ on (date) _____, 20_____. Reason: _____

_____ To change DATE of meeting scheduled to be held on (date) _____, 20_____. New meeting date: _____, 20_____. Reason: _____

GROUP B – NO FEE REQUIRED FOR THESE PRIVILEGES

_____ To hold a special election to fill a vacancy in an elective Bethel office and to install officers so elected on (date) _____, 20_____.

_____ To exemplify the ritualistic ceremony on (date) _____, 20_____ for (Masonic of affiliated Orders) _____.

- To change the date or hour of a meeting because (select one)
1. When same falls on a legal holiday or during the week of Grand or Supreme Guardian Council Session from _____ to _____
2. When the use of the hall is required for other purposes from _____ to _____
3. When a financial activity is to precede or follow the meeting from _____ to _____

Emboss with (SEAL) of Bethel (Signed) _____ Bethel Recorder Please mail to: _____ Guardian Secretary Address: _____ City State Zip