

REQUEST FOR DEMIT

**Midian Shrine
130 N. Topeka
Wichita, KS 67202
(316) 265-9676**

Date _____

Dear Noble Recorder:

I respectfully request that a Demit be issued me because of the following reason:

**Finance ___ Health ___ Lost Interest ___ Other _____
(Please give Reason)**

My current year's dues are paid.

Name _____

Address _____

City, State, Zip _____

Phone Number _____