

Approval for Initiation of Patroness Members - This form *MUST* have the signature of your Province Officer to initiate patronesses.

PLEASE READ THESE INSTRUCTIONS: TYPE or PRINT completing all blanks (*except as noted*). **Send three (3) copies** of the completed form to your Province Officer. On this form, **enter** the names of the patroness candidates in **ALPHABETICAL ORDER**, filling out both sections for each patroness. Be sure that all names are spelled correctly.

Please use formal names, not nicknames. Keep the same number for each patroness in each of the two sections. **Allow at least three (3) weeks** between the time this form reaches your PO and the date scheduled for the Initiation Ritual. **DO NOT INITIATE any patroness candidate until the SIGNED approval has been received from your Province Officer.**

Check one: This Patroness is being initiated by:
 A College Chapter An Alumnae Chapter
PROVINCE : _____
CHAPTER : _____
INITIATION DATE: _____
For NH Use: FMS : _____ INV # : _____

#	NAME - List in ALPHABETICAL ORDER (give Last, First, Middle)	HOME ADDRESS (give mailing address, include Zip code)
1		
2		
3		
4		

Shaded columns for National Headquarters use ONLY

#	List professional work, civic or club offices, musical interests or activities	Field of Performance	Badge Price	Guard Price	FMS #	National #	Chapter #
1							
2							
3							
4							

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Give date the patroness candidate was invited to membership: _____
2. Did the chapter confer with its present patronesses? Yes No
3. Were they in favor of extending an invitation to the above? Yes No
4. Did **each** prospective patroness receive a patroness brochure, an issue of **PAN PIPES** and an engraved invitation to membership? Yes No
5. **College Chapters:** Did the chapter confer with local alumnae? Yes No
 Were they in favor of extending invitation to the above? Yes No
 Give name and office (*if any*) of alumnae member(s) contacted:

6. Has the VP Membership explained SAI activities, responsibilities and privileges of Patroness membership to each candidate? Yes No
7. Initiation Fees and payment for badges/guards as indicated on this form will be sent to National Headquarters on: _____
8. Full explanation of the Initiation Ritual will be given to the patronesses **within 1 month** after initiation by the VP Ritual on: _____

- (A) Candidate has taken formal Patroness Education, qualifying for Alumnae Chapter Membership as a Patroness with Training Yes No
- (B) *Application for Affiliation* to Alumnae Chapter is attached Yes No
 (*May only affiliate when the training has been completed.*)

PLEASE NOTE: Date of Initiation **MUST** be provided for National Headquarters to process these records. No badges will be sent to your chapter until **all fees and the signed** Approval for Initiation are received at NH. **DO NOT INITIATE any patroness candidate without the signed approval from your Province Officer.**

VP Membership: _____

Daytime phone # (include area code): () _____

Email: _____

<p>Province Officer : Please verify the Initiation Date Send one (1) copy back to chapter's VP Membership Send one (1) copy to National Headquarters</p> <p>PLEASE KEEP ONE (1) COPY FOR YOUR RECORDS</p>	<p>PO's Remarks:</p> <p>PO's Signature: _____ Date: _____</p>
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For NH Use Only: FMS \$ NHC SMC LTR—date mailed: _____ Items shipped/method: _____