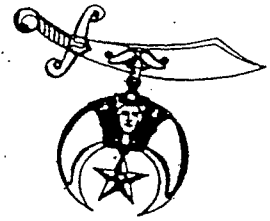


# EGYPT SHRINERS

4050 DANA SHORES DRIVE  
TAMPA, FL 33634-7499



## PETITION FOR INITIATION AND MEMBERSHIP

To the Potentate, Officers and Nobles of EGYPT SHRINERS, situated in the Oasis of Tampa, Desert of Florida:

I, the undersigned, hereby declare that I was raised a Master Mason on \_\_\_\_\_ (Date) and that I am in good standing in \_\_\_\_\_ Lodge No. \_\_\_\_\_ located at \_\_\_\_\_ (City), \_\_\_\_\_ (State), which is a Lodge recognized by or in amity with the Conference of Grand Masters of North America. Furthermore, I have resided at my current address for not less than 6 months, as required by the Bylaws of The Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your temple.

If I be found worthy, and my request granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of Egypt Shriners.

Marital Status:  Married  Single. If married, wife's name \_\_\_\_\_

Birthplace \_\_\_\_\_ (City) \_\_\_\_\_ (State) Date of Birth \_\_\_\_\_ Age (yrs) \_\_\_\_\_

Occupation: (if retired, give former occupation) \_\_\_\_\_

Were you ever a DeMolay? \_\_\_\_\_. If so, what was Chapter name and location? \_\_\_\_\_

Have you previously applied for admission to any Temple of the Order? \_\_\_\_\_

If so, what Temple? \_\_\_\_\_ When? \_\_\_\_\_

Residence: \_\_\_\_\_  
Number & Street City State Zip + 4

Mailing Address: \_\_\_\_\_  
Number & Street City State Zip + 4

Phone [ ] \_\_\_\_\_ (Home) [ ] \_\_\_\_\_ (Work)

Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name in Full (Initials not sufficient)

Please Print Name \_\_\_\_\_  
First Middle Last [ ] Nickname

Visa  MasterCard: Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Discover  Amex

Recommended and Vouched for on the Honor of (Must be Egypt Shriners Nobles)

Noble \_\_\_\_\_ Signature \_\_\_\_\_ Print Name Clearly Here \_\_\_\_\_ Membership No. \_\_\_\_\_

Credit to Club or Unit \_\_\_\_\_

Noble \_\_\_\_\_ Signature \_\_\_\_\_ Print Name Clearly Here \_\_\_\_\_ Membership No. \_\_\_\_\_

# PETITION FEES AND DUES

**\$200.00**

FOR OFFICE USE ONLY

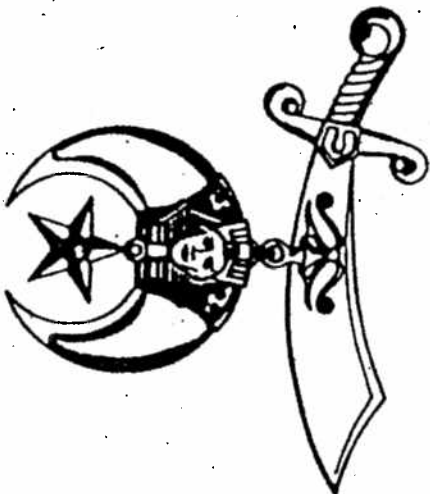
Petitioner \_\_\_\_\_

Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Elected \_\_\_\_\_

Membership Number \_\_\_\_\_ P.C.M. Certificate Purchased \_\_\_\_\_

Visa  MasterCard: Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Discover  Amex

A Permanent Contributing Membership in our Shriners Hospitals for Children Endowment Fund costs \$150.00 additional to the Total Fees and Dues. The cost of this hospital certificate is deductible from income tax and when purchased reduces your Imperial Council Assessment by \$5.00 annually. Annual Temple dues of a Shriner are \$125.00. Life Membership is available for an additional \$2500.00.



PETITION  
To Fun, Fellowship and  
The World's Greatest  
Philanthropy

A.A.O.N.M.S.

SHRINE

EGYPT