

Tell us more about yourself:

Hobbies: _____

Interests: _____

Organization Part of: _____

Skills: _____

PETITION FEES AND DUES

\$ _____

FOR OFFICE USE ONLY

Petitioner _____

Date Received _____ Amount _____ Date Elected _____

Membership Number _____ P.C.M. Certificate Purchased (Tax Deductible) _____

Visa MasterCard Card No. _____ Expiration Date _____

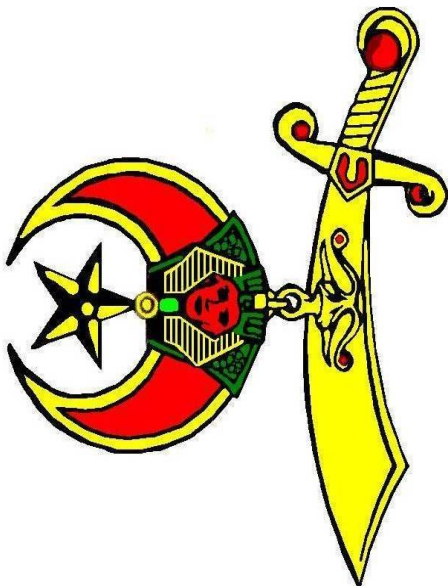
Discover Amex

Optional Choices:

A *Permanent Contributing Membership* in our Shriners Hospital for Children ® Endowment Fund cost \$ 150.00 -

A *Per Capita* Life Membership in our Shriners International costs \$ 900.00 -

Egypt Shriners *Life Membership* is available for an additional \$ 2,300.00 -



To Fun, Fellowship and The
World's Greatest
Philanthropy

PETITION

EGYPT
SHRINERS



EGYPT SHRINERS

4050 Dana Shores Drive
Tampa, FL 33634-7462



PETITION FOR INITIATION AND MEMBERSHIP

To the Potentate, Officers and Nobles of EGYPT SHRINERS, situated in the City of Tampa, State of Florida:

I, the undersigned, hereby declare that I am a Master Mason in good standing in _____ Lodge No. _____ located at _____ (city), _____ (state), which meets the recognition standards in the Conference of Grand Masters in North America, Interamerican Masonic Confederation and the World Conference of Grand Lodges. Furthermore, I have resided at my current address for not less than 6 months, as required by the Bylaws of Shriners International. I hereby make application to become a Noble of the Order and a member of Egypt Shriners. If granted membership, I promise to conform to the Articles of Incorporation and Bylaws of Shriners International and the Bylaws and Ceremonies of Egypt Shriners.

Martial Status: Married Single. Lady's name _____

Birthplace _____ Date of Birth _____ Age(yrs) _____
(City) (State)

Were you ever a DeMolay? Yes No If so, name of Chapter and Location _____

Occupation: (if retired, give former occupation) _____

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

If so, what Temple? _____ Where? _____

Residence: _____
Number & Street City State zip + 4

Mailing Address: _____
Number & Street City State zip + 4

Cell Phone: () _____ Work: () _____ Home: () _____

Email: _____ Lady's 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 Noble)

Noble _____ Member No. _____
Signature Print Name Clearly Here

Credit to Club or Unit _____

Noble _____ Member No. _____
Signature Print Name Clearly Here