

**Tell us more about yourself:**

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
\_\_\_\_\_

Organization Part of: \_\_\_\_\_  
\_\_\_\_\_

Skills: \_\_\_\_\_  
\_\_\_\_\_

**PETITION FEES AND DUES**

**\$200.00**

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 CVV \_\_\_\_\_

**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 cost: \$900.00

A "Temple Life Membership" (Temple Dues Only) cost: \$2,300.00

A "Total Life Membership" combines all three of these options, paid in one lump sum, or by paying each lifetime membership individually over time, cost: \$3,350.00



To Fun, Fellowship and The  
World's Greatest  
Philanthropy

PETITION

E G Y P T  
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.

Marital 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) \_\_\_\_\_

Are you a Veteran?  Yes  No Which military branch did you belong too? \_\_\_\_\_

Is/ Was Your Father, Grandfather, Son, Brother, Uncle, Grandson, Nephew or In-law a Shriner?  Yes  No

Please list family member: \_\_\_\_\_

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

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

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

Cell Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Lady's Email : \_\_\_\_\_

Please Print:

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
First Middle Last Nickname

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name in full (initials not sufficient)

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

Discover  Amex CVV: \_\_\_\_\_

Recommended and vouched for on the Honor of (Must be Egypt Shriners Noble)

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

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

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