

Form #2

**PETITION FOR AFFILIATION**  
**SHRINERS**

TO THE POTENTATE, OFFICERS AND NOBLES OF \_\_\_\_\_

SHRINERS, SITUATED IN THE CITY OF \_\_\_\_\_, STATE OF: \_\_\_\_\_

I, the undersigned, a Noble of the Order, initiated in \_\_\_\_\_  
SHRINERS, located at \_\_\_\_\_ on \_\_\_\_\_ (date) and last a member  
of \_\_\_\_\_ SHRINERS, located at \_\_\_\_\_, which has granted the  
attached Certificate of Demit, respectfully pray that I may be admitted a member of your temple. I furthermore state that I have resided at my current address for not less than six months, as  
required by the bylaws of Shriners International.

I am a MASTER MASON in good standing in \_\_\_\_\_ LODGE,

No. \_\_\_\_\_, located at: \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Profession or occupation \_\_\_\_\_

Residence \_\_\_\_\_  
*Number and Street City County State Zip*

Business Address \_\_\_\_\_  
*Number and Street City County State Zip*

Mail Address \_\_\_\_\_  
*Number and Street City County State Zip*

Telephone: Res: a/c ( ) \_\_\_\_\_ Bus: a/c ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Wife's Name \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_  
NAME IN FULL, *initials not sufficient.*

PRINT FULL NAME HERE \_\_\_\_\_

RECOMMENDED BY

NOBLE \_\_\_\_\_

NOBLE \_\_\_\_\_