

Form #4

PETITION FOR RESTORATION
_____ SHRINERS

TO THE POTENTATE, OFFICERS AND NOBLES OF _____
SHRINERS, SITUATED IN THE CITY OF _____, STATE OF _____ :

I, the undersigned, as a member of _____ SHRINERS, was suspended for non-payment of dues _____ years ago, and I respectfully request that I be restored to membership in _____ SHRINERS.

I have liquidated all indebtedness to _____ Shriners, and if my request is granted, I promise to conform to the articles of incorporation and bylaws of Shriners International, together with those of this temple. I furthermore declare that 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 _____