

Form #5

PETITION FOR ASSOCIATE MEMBERSHIP
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 presently a
member of _____ SHRINERS, located at _____
_____ being eligible under § 323.10(a) for a demit, respectfully pray
that I may be admitted as an associate member of your temple in accordance with § 323.7.

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 _____