



EGYPT SHRINERS

Mailing Address: PO Box 891116, Tampa, FL 33689
Physical Address: 5017 E Washington St., Tampa, FL 33619
(813) 884-8381

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 goodstanding in _____ Lodge No. _____ located at _____ (city), _____ (state), which meets the recognition standards in the Conference of Grand Masters in North America, International 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 _____
City State Zip + 4

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 to? _____

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? Yes No

If so, what Temple? _____ Where? _____

Residence: _____
Number and Street City State Zip + 4

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Lady's Email: _____

Please Print Name: _____
First Middle Last Nickname

Sign Name: _____ Date: _____

Name in full (initials not sufficient) I am electronically signing this document which will have the same effect as the execution of this document by a hand written signature.

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

Credit to Club or Unit _____

Noble: _____ Member No. _____
Sign Name Print Name Clearly Here

Noble: _____ Member No. _____
Sign Name Revised Print Name Clearly Here

Tell us more about yourself:

Hobbies: _____

Interests: _____

Skills: _____

PETITION FEES AND DUES

Please include a copy of your current Lodge Card

\$225.00 for Spring Ceremonial

\$275.00 for Fall Ceremonial

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: \$3300.00

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: \$4350.00

Visa

Mastercard

Discover

Amex

Card Number: _____ Expiration Date: _____ CVV: _____

Sign Name: _____ Date: _____

Name in full (initials not sufficient)

I am electronically signing this charge amount which will have the same effect as the execution of this document by a hand written signature.

FOR OFFICE USE ONLY

Petitioner _____

Date Received: _____ Amount: _____ Date Elected: _____

Membership Number: _____ P.C.M. Certificate Purchased (TaxDeductible) _____



To Fun, Fellowship and the
World's Greatest
Philanthropy

PETITION

SHRINERS

EGYPT