

Send application to Recorder, 6510 Grand Teton Plaza, Suite 204, Madison, WI 53719. Make checks payable to Zor Shriners.



Received _____

Typewrite or print full name

PETITION FOR AFFILIATION
ZOR SHRINERS
SHRINERS INTERNATIONAL

Elected _____

Dues _____

Shrine No.

To the Potentate, Officers and Nobles of Zor Shriners, situated in the Oasis of Madison, Desert of Wisconsin:

I, the undersigned, a Noble of the Mystic Shrine initiated in _____ Shriners, located at _____
on _____ (date) and last a member of _____, which has granted the
attached Certificate of Demit, respectfully pray that I may be admitted a member of your Shrine. I furthermore state that I have
resided within the jurisdiction of your Shrine not less than six months, as required by the By-Laws of the Imperial Council. I am a
MASTER MASON in good standing in _____ Lodge No _____ located at _____
Birthplace _____ Date of Birth _____
Residence _____
Number and street City State Zip

Home Phone _____

Cell Phone _____ Email Address _____

Signature _____ Date _____

If elected, the signing of this petition constitutes the signing of the By-Laws of Zor Shriners.

Recommended by:

Please print name:

Noble _____

City/State _____

Noble _____

City/State _____

Signature of Noble:

Noble _____

Noble _____

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Revised 02.16.22