

Send applications to Recorder, 6510 Grand Teton Plaza, Suite 204, Madison, Wisconsin 53719.  
Zor Temple

Make checks payable to

Print full name here \_\_\_\_\_

**PETITION FOR RESTORATION**

**ZOR SHRINERS**

**SHRINERS INTERNATIONAL**



Received \_\_\_\_\_

Elected \_\_\_\_\_

Dues \_\_\_\_\_

Shrine No. \_\_\_\_\_

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

I, the undersigned, a former member of your Temple, and now under sentence of suspension because of non-payment of dues, respectfully request that I may be restored to membership. I have liquidated all indebtedness to the Temple and if my request be granted I promise to conform to the articles of Incorporation and By-Laws of Shriners International together with those of your Temple. I furthermore declare that I am a

MASTER MASON in good standing in \_\_\_\_\_ Lodge No. \_\_\_\_\_ F. & A. M., located at \_\_\_\_\_.

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Profession or Occupation \_\_\_\_\_.

Residence \_\_\_\_\_  
Number and Street City State Zip Code

Business Address \_\_\_\_\_  
Number and Street City State Zip Code

Send mail to: Business \_\_\_\_\_ Residence \_\_\_\_\_ Wife's Name \_\_\_\_\_ Single \_\_\_\_\_

Signature \_\_\_\_\_ (Please do not print) Date \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Recommended by - Signature

Noble \_\_\_\_\_

City \_\_\_\_\_

Noble \_\_\_\_\_

City \_\_\_\_\_

Recommended by - PRINT NAME

Noble \_\_\_\_\_

City \_\_\_\_\_

Noble \_\_\_\_\_

City \_\_\_\_\_