

**PETITION FOR ASSOCIATE MEMBERSHIP
ZOR SHRINERS
SHRINERS INTERNATIONAL**

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:

- **Temple:** _____
- **Location:** _____
- **Date:** _____

and presently a member of:

- **Temple:** _____
- **Location:** _____

Being eligible under § 323.10(a) for a demit, I respectfully request that I may be admitted as an Associate Member of your Temple in accordance with § 323.7.

I further state that I have resided within the jurisdiction of your Temple for not less than six months, as required by the bylaws of the Imperial Council.

PERSONAL INFORMATION

- **Full Name:** _____
 - **Birthplace:** _____
 - **Date of Birth:** _____
 - **Profession / Occupation:** _____
 - **Residence Address:** _____
(Street, City, State, ZIP)
 - **Email Address:** _____
 - **Home Phone:** _____
 - **Cell Phone:** _____
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- **Signature:** _____ **Date:** _____
- **Print Full Name:** _____