

CANDIDATE _____ (Print Full Name - No Initials)



PETITION FOR INITIATION AND MEMBERSHIP SHRINERS INTERNATIONAL

TO THE ILLUSTRIOUS POTENTATE, OFFICERS, AND NOBLES OF **ZOR SHRINERS**
SITUATED IN THE OASIS OF MADISON, DESERT OF WISCONSIN

I, the undersigned, hereby declare that I am a Master Mason in good standing in _____
Lodge # _____ located at _____, which is a Lodge recognized
by or in amity with the Conference of Grand Masters of North America. Furthermore, I have resided at my
current address for not less than 6 months, as required by the Bylaws of The Imperial Council. I respectfully
pray that I may be made a Noble of the Mystic Shrine, and become a member of your Shrine. If I be found
worthy, and my request granted, I promise to conform to the Articles of Incorporation and Bylaws of the
Imperial Council and the Bylaws and Ceremonies of your Shrine.

Birthplace _____ Date of Birth _____

Profession or occupation _____

Were you ever a DeMolay? _____ Have you previously applied for admission to any Shrine of the
Order? _____ If so, what Shrine? _____ When? _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address: _____

Home () _____ Business () _____

Cell () _____ Email Address _____

Wife's Name _____ Single _____ Fez (Hat) Size _____

Print Name _____ **Signature** _____

Recommended and Vouched for on the Honor of: **Initiation Date:** _____

1st Line Signer: Signature _____ Member # _____

Print Name _____

Street _____ City/State/Zip _____

2nd Line Signer: Signature _____ Member # _____

Print Name _____

Street _____ City/State/Zip _____

NOTE: ALL PETITIONS MUST BE ACCOMPANIED WITH A CHECK, MONEY ORDER, OR CREDIT CARD
PAYMENT FOR AT LEAST \$25.00. ALL ADDITIONAL FEES MUST BE PAID IN FULL WHEN REGISTERING THE DAY OF
THE CEREMONIAL. PLEASE MAKE ALL CHECKS PAYABLE TO ZOR SHRINERS



Member Number _____

 (Please Print Full Name)

2018 INITIATION AND MEMBERSHIP

FEES	JAN.1	APR 1	JULY 1	OCT 1	NOV 1
	Thru MAR 31	Thru JUNE 30	Thru SEP 30	Thru OCT 31	Thru DEC 31
Initiation	\$ 55.00	\$ 55.00	\$ 55.00	\$ 55.00	\$ 55.00
FEZ	140.00	140.00	140.00	140.00	140.00
Dues	50.00	40.00	30.00	20.00	
Per Capita Tax	30.00	30.00	30.00	30.00	
Hospital Assessment	5.00	5.00	5.00	5.00	
TOTAL (Current)	\$280.00	\$270.00	\$260.00	\$250.00	\$195.00
Dues (Next Year)				50.00	50.00
Per Capita Tax (Next Year)				30.00	30.00
Hospital Assess. (Next Year)				5.00	5.00
TOTAL (Current & next Year)				\$335.00	\$ 280.00

Master Card/Visa # _____

Expiration Date _____ V Code _____

Signature _____

(Office Use Only)

Deposit \$ _____ Full Amount \$ _____

Presented _____, 20_____

Elected _____, 20_____

Created _____, 20_____

Mail or hand petition promptly to:

ZOR SHRINERS
 575 ZOR SHRINE PLACE
 MADISON, WI 53719-2094
 Phone: 608.833.6343 Fax: 608.833.6348 email: zortemp@chorus.net