

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? _____

Interests:

Recreation ____ Performing ____ Professional Dev ____ Social ____ Sports ____ Volunteer ____

Residence Address _____ City _____ State ____ Zip _____

Mailing Address _____

Home () _____ Business () _____

Cell () _____ Email Address _____

Spouse's Name _____ Single _____ Fez (Hat) Size _____ Received? YES NO

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)

2026 INITIATION AND MEMBERSHIP

FEES	JAN 1 Thru MAR 31	APR 1 Thru JUNE 30	JULY 1 Thru SEPT 30	OCT 1 Thru OCT 31	NOV 1 Thru DEC 31
Initiation	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00
FEZ	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00
Dues	\$50.00	\$40.00	\$30.00	\$20.00	
Per Capita Tax	\$50.00	\$50.00	\$50.00	\$50.00	
Hospital Assessment	\$5.00	\$5.00	\$5.00	\$5.00	
TOTAL (Current)	\$320.00	\$310.00	\$300.00	\$290.00	\$215.00
Dues (Next Year)				\$ 50.00	\$ 50.00
Per Capita (Next Year)				\$ 50.00	\$ 50.00
Hospital Assess. (Next Year)				\$ 5.00	\$ 5.00
TOTAL (Current & Next Year)				\$290.00	\$320.00

Mastercard/Visa # _____

Expiration Date _____ CVV Code _____

Signature _____

(Office Use Only)

Deposit \$ _____ Full Amount \$ _____

Presented _____, 20____

Elected _____, 20____

Created _____, 20____

Mail or hand petition promptly to:

ZOR SHRINERS
6510 Grand Teton Plaza, Suite 204
MADISON, WI 53719
Phone: 608.833.6343 Fax: 608.833.6348 email: administration@zorshriners.com