



Member Number _____

 (Please Print Full Name)

2020 INITIATION AND MEMBERSHIP

FEES	JAN.1 Thru MAR 31	APR 1 Thru JUNE 30	JULY 1 Thru SEP 30	OCT 1 Thru OCT 31	NOV 1 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