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:

		bble of the M ystic S hrine,				
	Temple, located at					
on(date)	and p	resently a member of				
Temple, loc	rated at					
member of jurisdiction	your temple in according to go of your Temple not	rdance with § 323.7. I fulless than six months, as	y request that I may be adn rthermore state that I have required by the bylaws of th	resided within the he Imperial Council.		
	Name					
	Birthplace		Date of Birth			
	Profession or Oc	ccupation				
	Residence					
	str	eet	city, state, zi	p		
	Email address					
	Home Phone	C	ell Phone			
Sign	nature		Date	20		
Prir	nt Full Name Here					
commended	By:					
ble		City/State				
ble		City/State				

Send application to Zor Shriners, Recorder, 6510 Grand Teton Plaza, Suite 204, Madison, WI 53719.

ASSOCIATE MEMBER INQUIRY AND REPORT

		(Date)		
$ extit{\emph{T}}$ o the $ extit{\emph{R}}$ ecorder of				
V our N oble				
1 our 1 v oore	(Name)			
whose address is				
Whose address is	(Street)			
			ha	
	(City, State, and Z	Zip)		
demit, we propose to act upon §323.10(a) of the Imperial By	-		r not he qualifies for a demit under	
Recorder		OIZON ILMI L	(Date)	
The Noble named above (is) $\$323.10$ (a) of the Imperi			Tample under	
		of		
Temple Recorder				
(Seal)				
$ extit{ extit{T}}$ o the $ extit{ extit{ extit{R}}}$ ecore	der of		<i>T</i> emple:	
This is to advi (elected) (rejected) as an			the Noble named above was E . Please mark your records	
accordingly.		(Date)	.cZAD TEMDI E	
Rea	corder		of ZOR TEMPLE	
(Seal)				