

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)

**2024 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	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	
<b>TOTAL (Current)</b>	<b>\$320.00</b>	<b>\$310.00</b>	<b>\$300.00</b>	<b>\$290.00</b>	<b>\$215.00</b>
Dues (Next Year)				50.00	50.00
Per Capita Tax (Next Year)				50.00	50.00
Hospital Assess. (Next Year)				5.00	5.00
<b>TOTAL (Current &amp; next Year)</b>				<b>\$395.00</b>	<b>\$ 320.00</b>

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  
 6510 Grand Teton Plaza, Suite 204  
 MADISON, WI 53719

Phone: 608.833.6343 Fax: 608.833.6348 email: zoradmin@zorshriners.com