

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 Name:** \_\_\_\_\_ **Lodge No.:** \_\_\_\_\_

**Location:** \_\_\_\_\_, 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 six (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.

**PERSONAL INFORMATION**

**Birthplace:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Profession / Occupation:** \_\_\_\_\_

**MEMBERSHIP HISTORY**

**Were you ever a DeMolay?**  Yes  No • **Have you previously applied to any Shrine?**  Yes  No

If yes: **Shrine Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INTERESTS**

Recreation  Performing  Professional Development  Social  Sports  Volunteer

**CONTACT INFORMATION**

**Residence Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Business Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**FAMILY INFORMATION**

**Marital Status:**  Single  Married **Spouse's Name:** \_\_\_\_\_

**Print Candidate Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FEZ/INITIATION INFORMATION**

**Initiation Date:** \_\_\_\_\_ **Fez (Hat) Size Needed:** \_\_\_\_\_ **Fez Received:**  Yes  No

**1st Line Signer Signature:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**2nd Line Signer Signature:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**NOTE:** All petitions must be accompanied by a check, money order, or credit card payment for at least **\$25.00**. All additional fees must be paid in full when registering on the day of the ceremonial. **Make all checks payable to: ZOR SHRINERS**