

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**



MEMBER NUMBER: _____

FULL NAME:

(Please Print Full Name)

2026 INITIATION AND MEMBERSHIP FEES

Fees	Jan 1 – Mar 31	Apr 1 – Jun 30	Jul 1 – Sep 30	Oct 1 – Oct 31	Nov 1 – 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	\$0.00
Per Capita Tax	\$50.00	\$50.00	\$50.00	\$50.00	\$0.00
Hospital Assessment	\$5.00	\$5.00	\$5.00	\$5.00	\$0.00
TOTAL (Current Year)	\$320.00	\$310.00	\$300.00	\$290.00	\$215.00
Dues (Next Year)	n/a	n/a	n/a	\$50.00	\$50.00
Per Capita Tax (Next Year)	n/a	n/a	n/a	\$50.00	\$50.00
Hospital Assesment (Next Year)	n/a	n/a	n/a	\$5.00	\$5.00
TOTAL (Current + Next Year)	n/a	n/a	n/a	\$395.00	\$320.00

PAYMENT INFORMATION

MasterCard / Visa #: _____

Expiration Date: _____ CVV-Code: _____

- Signature: _____

(OFFICE USE ONLY)

- Deposit Amount: \$ _____
- Full Amount: \$ _____
- Presented: _____, 20
- Elected: _____, 20
- Created: _____, 20

Mail or hand deliver petition to:

ZOR SHRINERS

6510 Grand Teton Plaza, Suite 204

Madison, WI 53719

- Phone: 608.833.6343
- Fax: 608.833.6348
- Email: administration@zorshriners.com