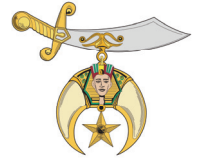


Petition for Initiation and Membership



MEDINAH SHRINERS

SHRINERS INTERNATIONAL

Desert of Illinois
550 N. Shriners Drive
Phone 630.889.1400

Oasis of Addison
Addison, IL. 60101
Fax 630.705.9907

A minimum of \$150.00 must accompany this petition OR IT WILL NOT BE PROCESSED

To the Illustrious Potentate, Officers and Nobles of Medinah Shriners situated in the Desert of Illinois.

Print Full Name: _____

Print name, as mail should be addressed: _____

Print Address: _____

Print City: _____ State: _____ ZIP: _____

Spouse's Name: _____ Home Phone: _____

Business Phone: _____ Ext: _____

Fax: _____ Cell Phone: _____ E-Mail: _____

Place of Birth: _____ Birth Date: ___/___/___

Occupation: _____ Employer: _____

Member Of: _____ Lodge# _____

Located At: _____ Year Raised: _____

Have you ever applied to any Temple of the Order? _____

If so what Temple? _____ When? _____

Were you ever a DeMolay? _____ If so where? _____ When? _____

I solemnly swear that:

I do not now, and never will, hold membership in, or allegiance to, any Body claiming to be Masonic that has been declared clandestine.

I have resided within the jurisdiction of Medinah Shriners not less than six (6) months, as required by the constitution of the Imperial Council, and that I am not under suspension or expulsion in any Masonic Lodge, and respectfully pray that I may be made a Noble of Shriners International, and become a member of Medinah Shriners.

If found worthy and my request granted, I promise to conform with the Articles of Incorporation and By-Laws of the Imperial Council and the bylaws and Ceremonies of Medinah Shriners. If elected, the signing of this petition constitutes the signing of the bylaws of Medinah Shriners.

Signature: _____ /_____/_____
(Must be written in full) First Middle Last Date signed

RECOMMENDED AND VOUCHERED FOR ON THE HONOR OF:

(To be completed by Noble when presenting petition)

Medinah Shriners Membership #

Sponsor's Signature: _____ # _____

Sponsor's Name Printed: _____

Sponsor's Signature: _____ # _____

Sponsor's Name Printed: _____

This is what is expected of all new Shriners

1. Pay dues when you receive your dues notice.
2. Attend four Stated Meetings per year.
3. Be involved as your ability will permit.
4. Wear your Fez properly.
5. Promote our Fraternity and Philanthropy.
6. Have Fun and Help Kids.

Instructions for Candidates from the Recorder

Candidates must pay full Initiation Fee, Dues, Hospital Assessment and Per Capita Tax before initiation.

The Recorder's Office, 550 N. Shriners Drive, Addison, IL is open between 8:30 a.m. and 4:30 p.m. Monday thru Friday. Telephone: 630 889-1400 Fax: 630 705-9907

Schedule of Fees:

- **Initiation Fee** **\$150.00**
- **Medinah Dues** **\$67.00**
- **Hospital Assessment** **\$5.00**
- **Per Capita Tax** **\$30.00**

Initiation Fee --- \$150.00 plus Current Years Dues

Dues, Hospital Assessment and Per Capita Tax for new members are prorated as follows:

If petition initiated in:

January, February, March.....\$102.00 (full year)
April, May, June.....\$85.00

July, August, September.....\$69.00
October, November, December.....\$139.00
\$139.00 pays current pro-rated dues plus the entire next year

**A minimum of \$150.00 must accompany this petition OR IT WILL NOT BE PROCESSED
You will save considerable time if payment in full is attached.**

Make all checks payable to: Medinah Shriners

You may pay your fees by credit card

- Visa
- MasterCard
- Discover
- American Express

Credit card #: _____

Expiration date: _____ VCode: _____

Amount \$: _____

X _____
Sign your name as it appears on your bank credit card

PLEASE PRINT

Print your name and billing address
as it appears on your bank credit card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____