

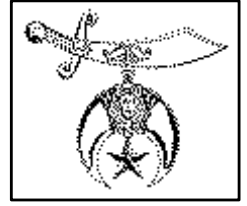
- PETITION FOR ASSOCIATE MEMBERSHIP -

Medinah Shriners

A.A.O.N.M.S.

Desert of Illinois
550 North Shriners Drive

Oasis of Addison
Addison, Illinois 60101



Telephone: 630-889-1400

Fax: 630-705-9907

Application Date: ____/____/____
Month Day Year

To the Illustrious Potentate, Officers and Nobles of Medinah Shriners, Situated in the Desert of Illinois:
(To be completed by Noble when presenting petition)

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: ____/____/____
Month Day Year

Occupation: _____ Employer: _____

Member of: _____ Lodge #: _____

Located at: _____ Year Raised: _____

I, the undersigned, a Noble of the Mystic Shrine, initiated in _____

Temple, located _____, on _____ (date)

And presently a member of _____ Temple located at _____

_____, being eligible under #323.10(a) for a demit, respectfully pray that I may be admitted as an associate member of your Shrine Center in accordance with #323.7. I furthermore state that I have resided within the jurisdiction of your Shrine Center not less than six months, as required by the By-Laws of the Imperial Council. constitutes the signing of the By-Laws of Medinah Shriners.

Signature: _____
(Name must be written in full) FIRST MIDDLE LAST

RECOMMENDED AND VOUCHERED FOR ON THE HONOR OF:

Medinah Shriners
Membership Number

Sponsor's Signature: _____ # _____

Sponsor's Name Printed: _____

Sponsor's Signature: _____ # _____

Sponsor's Name Printed: _____