



ALEPPO SHRINERS



Ancient Arabic Order of the Nobles of the Mystic Shrine

99 Fordham Road

Wilmington, Massachusetts 01887-2148

Date _____

PETITION FOR INITIATION AND MEMBERSHIP

*To the Potentate, Officers and Nobles of the Aleppo Shriners,
Situated in the Oasis of Wilmington, Desert of Massachusetts*

I, the undersigned, hereby declare that I am a Master Mason in good standing in

_____ Lodge, A.F.&A.M.

located at _____
CITY STATE

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 hereby make application to become a Noble of the Mystic Shrine, and a member of your temple.

If granted membership, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of your temple.

Birthplace _____ Date of Birth _____ Age _____

Profession or Occupation _____ Lady's Name _____

Business Name _____ Business Telephone _____

(PLACE AN "X" IN ONE OF THE BOXES BELOW TO INDICATE WHERE MAIL SHOULD BE SENT)

Business Address _____ City _____ State _____ Zip _____

Residence Address _____ Telephone _____

City _____ State _____ Zip _____ E-Mail _____

Were you ever a DeMolay? _____ If so, what was Chapter name and location _____

Have you previously applied for admission to any temple of the Order? _____

If Yes, what temple? _____ When? _____

RECOMMENDED AND VOUCHED FOR ON THE HONOR OF:

1) Noble _____

SPONSOR SIGNATURE

MEMBERSHIP # (ON DUES CARD) _____

PRINT NAME IN FULL

Address _____

NUMBER AND STREET

CITY/STATE/ZIP

2) Noble _____

2ND SPONSOR SIGNATURE



_____ EXP. DATE _____



_____ EXP. DATE _____

THE FEE MUST ACCOMPANY THE APPLICATION.
MAKE CHECKS PAYABLE TO "ALEPPO SHRINERS"
APPLICATION FOR SHRINE MEMBERSHIP IS NOT TAX DEDUCTIBLE.

Candidate Hat Size: _____

Candidate
Signature _____

PRINT FULL NAME - INITIALS NOT SUFFICIENT

Credit Petition to **one** of the following:

_____ Shrine Club

(or) _____ Unit

NOTE: Candidates will be charged hospital assessment, per capita tax and prorated membership dues at time of initiation.

FEE \$150.00

FEZ \$50.00

TOTAL \$200.00