

# PETITION FOR MEMBERSHIP



**Shriners Hospitals**  
for Children™

**Shriners Hospitals for Children,** the official philanthropy of Shriners International, combines pediatric specialty care with innovative research and outstanding teaching programs for one purpose...to improve the lives of children. All care is provided with no financial obligation to the patient or their family.

For more information about Shriners Hospitals for Children, please visit [www.shrinershospitals.org](http://www.shrinershospitals.org).



**Shriners International**



**Shriners International**

**Shriners International** is a fraternity that developed out of Freemasonry more than a century ago. Because of its history and tradition, the fraternity is dedicated to fun, fellowship and the Masonic principles of brotherly love, relief and truth.

There are many worthwhile reasons to join this well-known, respected fraternal organization:

**Fun.** A variety of activities and events – including parties, parades, trips, special-interest groups and community service projects – provide plenty of opportunities

for Shriners and their families to spend time together and enjoy life.

**Fellowship.** Membership in the Shriners fraternity offers the invaluable opportunity to build camaraderie and life-long friendships with other men of character and upstanding values.

**Philanthropy.** Supporting Shriners Hospitals for Children, the one-of-a-kind international pediatric specialty health care system that was founded by the Shriners fraternity, offers the priceless sense of personal fulfillment and satisfaction.



Official Member Benefit Program  
of Shriners International

## **Membership Has Its Benefits...**

ShrineSavers is a free membership benefits program focusing on consumer purchasing, health care and travel. It offers a wide range of discounts for Shriners, including a prescription discount program and condominium rental discounts. Many of the offers in the exciting ShrineSavers program are not available anywhere else.

All program information can be accessed by visiting [www.shrinesavers.com](http://www.shrinesavers.com) or calling toll-free (866) 925-7001.

Return your completed application to the temple or top-line signer at the following address:

Antioch Shrine  
107 E. First St.

Dayton, Oh 45402-1214

If no local temple information is listed above, please call  
(800) 537-4746 or e-mail [membership@shrinenet.org](mailto:membership@shrinenet.org)  
for more information.

**Ceremonial Date(s):** \_\_\_\_\_

To the Potentate, Officers and Nobles of \_\_\_\_\_ Shriners, situated in the Oasis of \_\_\_\_\_, Desert of \_\_\_\_\_:

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_ Lodge # \_\_\_\_\_, located in \_\_\_\_\_, \_\_\_\_\_, 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 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 temple. If I am found worthy, and my request is granted, 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** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Were you ever in DeMolay International?** Yes No

If so, name of chapter and location \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Have you previously applied for admission to any temple of the Order?** Yes No

If so, what location? \_\_\_\_\_ When? \_\_\_\_\_

**Residence** \_\_\_\_\_  
(Street Address) (City)

(State) (Zip) (County) **Lady's Name** \_\_\_\_\_  
**Lady's E-mail** \_\_\_\_\_

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

**Business Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **E-mail** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Printed name in FULL - initials are not sufficient) (Date)

**Recommended and vouched for on the Honor of:**

\_\_\_\_\_  
(Noble's PRINTED Name) (Signature) (Member #)

\_\_\_\_\_  
(Noble's PRINTED Name) (Signature) (Member #)

Official Use: Fee: \$ \_\_\_\_\_ Paid: \_\_\_\_\_ (Cash/Check/CC) Fez Size: \_\_\_\_\_