

Form #2

PETITION FOR AFFILIATION
SHRINERS

TO THE POTENTATE, OFFICERS AND NOBLES OF _____

SHRINERS, SITUATED IN THE CITY OF _____, STATE OF: _____

I, the undersigned, a Noble of the Order, initiated in _____
SHRINERS, located at _____ on _____ (date) and last a member
of _____ SHRINERS, located at _____, which has granted the
attached Certificate of Demit, respectfully pray that I may be admitted a member of your temple. I furthermore state that I have resided at my current address for not less than six months, as
required by the bylaws of Shriners International.

I am a MASTER MASON in good standing in _____ LODGE,

No. _____, located at: _____

Birthplace _____ Date of Birth _____

Profession or occupation _____

Residence _____
Number and Street City County State Zip

Business Address _____
Number and Street City County State Zip

Mail Address _____
Number and Street City County State Zip

Telephone: Res: a/c () _____ Bus: a/c () _____

E-Mail Address _____

Wife's Name _____

Date _____ 20 _____

Signature _____
NAME IN FULL, *initials not sufficient.*

PRINT FULL NAME HERE _____

RECOMMENDED BY

NOBLE _____

NOBLE _____