

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 _____,

or have otherwise met the prerequisites for membership under the bylaws of Shriners International.

Birthplace _____ Date of Birth _____

Profession/Occupation: _____

Residence: _____
Street County City State Zip

Business: _____
Street County City State Zip

Mailing Address: _____
(if different) Street County City State Zip

Telephone: Res: _____ Bus: _____

Cell phone: _____ Alt. phone: _____

Email Address _____

Name of Spouse _____

Date _____ 20____

Signature _____

NAME IN FULL, initials not sufficient.

PRINT FULL NAME HERE _____

RECOMMENDED BY _____

NOBLE _____

NOBLE _____