



PETITION FOR INITIATION AND MEMBERSHIP	
APPLICANT INFORMATION	
FIRST NAME:	MIDDLE NAME:
LAST NAME:	NICKNAME:
DATE OF BIRTH: MM/DD/YYYY	PLACE OF BIRTH:
OCCUPATION:	LADY'S NAME:
CONTACT INFORMATION	
HOME ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
MAILING ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
HOME TELEPHONE NUMBER:	WORK NUMBER:
CELL NUMBER:	FAX NUMBER:
ALTERNATE NUMBER:	EMAIL:
FRATERNAL AFFILIATIONS	
LIST ALL FRATERNAL AFFILIATIONS:	
DECLARATION	
<p>To the Potentate, Officers and Nobles of Gizeh Shriners of BC & Yukon:</p> <p>I, the undersigned, hereby declare that I am a member in good standing as a Master Mason in _____ Lodge No. _____ located in _____</p> <p>recognized by, and in amity with, the Conference of Grand Masters of North America.</p> <p>Furthermore, I have resided at my current address for not less than six months, as required by the Bylaws of Shriners International. I hereby make application to become a Noble of the Order and a member of Gizeh Shriners of BC & Yukon. If granted membership, I promise to conform to the Bylaws of Shriners International and the Bylaws of Gizeh Shriners of BC & Yukon.</p>	
PETITIONER'S SIGNATURE	
SIGNATURE:	DATE:

TOP LINE SIGNERS		
Recommended and vouched for by:		
FULL NAME:	SHRINE NUMBER:	SIGNATURE:
FULL NAME:	SHRINE NUMBER:	SIGNATURE:

DUES INFORMATION	
Make remittance payable to Gizeh Shriners.	
Initiation Fee	\$100.00
Shriners Hospital for Children Assessment	\$6.50
Shriners International Per Capita	\$39.00
Fez: PLAIN: \$125 <input type="checkbox"/> JEWELLED: \$200 <input type="checkbox"/> Fez Size: _____ inches (Measure in inches around the head approximately 1" above the eyebrow.)	\$ _____
Temple Dues – prorated per quarter January – March (\$100) April – June (\$75) July – September (\$50) October – December (\$25)	\$ _____
TOTAL AMOUNT OWING:	\$ _____

OFFICE USE ONLY		
Initiation Paid:	Hospital Assessment Paid:	Imperial Per Capita Paid: <input type="checkbox"/>
Fez: Paid Own Jewelled Plain	Temple Dues Paid:	
CHEQ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/>	Total Amount Paid: \$	
REPORT OF COMMITTEE ON PETITIONS		
The undersigned have examined the character and qualifications of the Petitioner and report that the petition is in order. Name of Petitioner:		
YES NO	If no, reason:	
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NOTES:		

Shrine Number :

Rev 25FEB19

Page 2 of 2