



PETITION FOR INITIATION AND MEMBERSHIP	
<b>APPLICANT INFORMATION</b>	
FIRST NAME:	MIDDLE NAME:
LAST NAME:	NICKNAME:
DATE OF BIRTH: MM/DD/YYYY	PLACE OF BIRTH:
OCCUPATION:	LADY'S NAME:
<b>CONTACT INFORMATION</b>	
HOME ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
MAILING ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
HOME TELEPHONE NUMBER:	WORK NUMBER:
CELL NUMBER:	FAX NUMBER:
ALTERNATE NUMBER:	EMAIL:
<b>FRATERNAL AFFILIATIONS</b>	
LIST ALL FRATERNAL AFFILIATIONS:	
<b>DECLARATION</b>	
<p>To the Potentate, Officers and Nobles of Gizeh Shriners of BC &amp; 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 _____ 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 &amp; Yukon. If granted membership, I promise to conform to the Bylaws of Shriners International and the Bylaws of Gizeh Shriners of BC &amp; Yukon.</p>	
<b>PETITIONER'S SIGNATURE</b>	
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
Shriners Hospital for Children Assessment	\$5
Shriners International Per Capita	\$30
Fez: PLAIN: \$125 <input type="checkbox"/> JEWELLED: \$200 <input type="checkbox"/> Fez Size: _____ inches <i>(Measure in inches around the head approximately 1" above the eyebrow.)</i>	\$ _____
Temple Dues – prorated per quarter <i>January – March (\$100) April – June (\$75) July – September (\$50) October – December (\$25)</i>	\$ _____
<b>TOTAL AMOUNT OWING:</b>	<b>\$ _____</b>

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 :
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