

# MOSLEM SHRINERS

46850 GRAND RIVER AVE/NOVI/MI/48374



To the Illustrious Potentate, Officers and Nobles of Moslem Shriners situated in the Desert of Michigan.

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ ZIP: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Military Service \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

Lady's Name: \_\_\_\_\_ Lady's Birth Date: \_\_/\_\_/\_\_\_\_

Lady's Cell: \_\_\_\_\_ Lady's Email: \_\_\_\_\_

Member Of: \_\_\_\_\_ Lodge# \_\_\_\_\_

Located At: \_\_\_\_\_ Year Raised: \_\_\_\_\_

Have previously applied for Shrine membership? \_\_\_\_ If so what Temple? \_\_\_\_\_ When? \_\_\_\_\_

Were you ever a DeMolay? \_\_\_\_ If so where? \_\_\_\_\_ When? \_\_\_\_\_

I solemnly swear that:

I do not now, and never will, hold membership in, or allegiance to, any Body claiming to be Masonic that has been declared clandestine.

I have resided within the jurisdiction of Moslem Shriners not less than six (6) months, as required by the constitution of the Imperial Council, and that I am not under suspension or expulsion in any Masonic Lodge, and respectfully pray that I may be made a Noble of Shriners International, and become a member of Moslem Shriners.

If found worthy and my request granted, I promise to conform with the Articles of Incorporation and By-Laws of the Imperial Council and the bylaws and Ceremonies of Moslem Shriners. If elected, the signing of this petition constitutes the signing of the bylaws of Moslem Shriners.

Signature: \_\_\_\_\_ / / \_\_\_\_\_

(Must be written in full)                      First                      Middle                      Last                      Date signed

Sponsor's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Member # \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Member # \_\_\_\_\_

**FOR OFFICE USE ONLY**

Member # \_\_\_\_\_

**This is what is expected of all new Shriners**

1. Pay dues when you receive your dues notice.
2. Attend four Stated Meetings per year.
3. Be as involved as your ability will permit. The more you put into our fraternity, the more you will receive.
4. The Fez is the symbol of our temple and philanthropy. It should be worn with pride and respect.
5. Promote our Fraternity and Philanthropy.
6. Have Fun and Help our Kids.

**Instructions for Candidates from the Recorder**

Candidates must pay full Initiation Fee, Dues, Hospital Assessment and Per Capita Tax before Initiation.

The Recorder's Office, 46850 Grand River Ave, Novi, Mi 48374 is open between 8:30 a.m. and 4:30 p.m. Mon thru Fri Telephone: 248-569-2900 Fax: 248-557-4402

**Initiation Fee --- \$150.00 plus Current Years Dues**

Dues, Hospital Assessment and Per Capita Tax for new members are prorated as follows:

**If Petition Initiated in:**

January, February, March.....\$102.50  
 April, May, June.....\$99

July, August, September.....\$78  
 October, November, December.....\$176  
 \$176 pays current pro-rated dues plus the entire next year

**A minimum of \$150.00 must accompany this petition.  
 You will save considerable time if payment in full is attached.**

**If you would like to prepay for a Fez kit**

(Kit includes Fez, case, stabilizer, rain cover, top and bottom tassel jewels)

**Mylar Fez Kit \$184**



**Jeweled Fez Kit \$246**



**Make all checks payable to: Moslem Shriners**

You may pay your fees by credit card

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Visa       | <input type="checkbox"/> Discover         |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |

Credit card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Petition Fee \$ 150

Prorated Dues \$ \_\_\_\_\_

Fez (optional) \$ \_\_\_\_\_

Total \$: \_\_\_\_\_

X \_\_\_\_\_

Sign your name as it appears on your bank credit card

**PLEASE PRINT**

Print your name and billing address  
 as it appears on your bank credit card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_