

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

Full Name:		Nickname:			
Address:	City:				
State: ZIP: Bi	irth Date:/ P	lace of Birth:			
mail:				:	
Bus. Phone:	_ Occupation:	Emplo	yer:		
Military Service	Branch	Branch Rank			
Lady's Name:		Lady's B	irth Date:/_		
dy's Cell: Lady's Email:					
Member Of:					
Located At:		Year Raised:			
Have previously applied for S	hrine membership?	_ If so what Temple?		When?	
Were you ever a DeMolay? _	If so where? _	v	Vhen?		
I solemnly swear that: I do not now, and never will, ho clandestine.	ld membership in, or allegia	nce to, any Body claiming	to be Masonic th	at has been declared	
I have resided within the jurisdic Imperial Council, and that I am be made a Noble of Shriners Into	not under suspension or ex	pulsion in any Masonic Lo	odge, and respec		
If found worthy and my request Imperial Council and the bylaws signing of the bylaws of Moslem	and Ceremonies of Moslem		•	•	
Signature:				/	
(Must be written in full)	First	Middle	Last	Date signed	
Spansor's Signatura:					
Sponsor's Signature: Printed Name:		M = l= -	er #		
Sponsor's Signature:Printed Name:		METHO	er#	FOR OFFICE USE	
				1011011101000	

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 3:30 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

(Fez Kit includes one tassel holder, drop top and bottom jeweled tassel holder)

Mylar Fez Kit \$184



Jeweled Fez Kit \$246



Make all checks payable to: Moslem Shriners

You may pay your fees by credit card Visa Discover MasterCard American Express	PLEASE PRINT Print your name and billing address as it appears on your bank credit card
Credit card #: Expiration date: Petition Fee \$ 150 Prorated Dues \$ Fez (optional) \$	Name: Address: City: State: Zip:
Total \$:	Phone: ()
X Sign your name as it appears on your bank credit card	
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