

Member Number: \_\_\_\_\_

# *Nile Shriners*

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### **Petition for Restoration**

*Use this form if you have been suspended from the Nile Shriners for non-payment of Temple dues or for prerequisite Body Suspension and wish to restore membership in Nile Shriners*

**Petition of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **For Restoration**

Date Received: \_\_\_\_\_

Date Elected: \_\_\_\_\_

Date Rejected: \_\_\_\_\_

Date Restored: \_\_\_\_\_



*Our Greatest Philanthropy*  
***Shriners Hospitals for Children***  
*Orthopedic Hospitals &*  
*Burn Institutes*

*“Your support makes it possible!”*

### **Nile Shriners**

6601 244<sup>th</sup> St SW  
Mountlake Terrace, WA 98043-2750  
Phone: 425-774-9611  
Fax: 425-672-1833  
Email: office@nileshriners.org

www.nileshriners.org



Contact the Nile Office for current Restoration fees

*(Revised 2/2017)*

# Nile Shriners - Petition for Restoration

To the Illustrious Potentate, Officers and Nobles of Nile Shriners, situated in the City of Mountlake Terrace, State of Washington:

I, the undersigned, a former member of Nile Shriners and now under sentence of suspension for non-payment of dues or prerequisite Body Suspension, respectfully request that I be restored to membership.

I have liquidated all indebtedness to Nile Shriners and if my request be granted, I promise to conform to the Articles of Incorporation and By-Laws of Shriners International and the By-Laws and Ceremonies of Nile Shriners.

I furthermore declare that I am a Master Mason in good standing in \_\_\_\_\_ Lodge No. \_\_\_\_\_, located in \_\_\_\_\_.  
*City State*

<b>Print Full Name:</b> _____
<b>Birthplace:</b> _____ <b>Date of Birth :</b> _____
<b>Residence:</b> _____ <i>Street City State Zip</i>
<b>Mailing Address:</b> _____ <i>Street City State Zip</i>
<b>Home Phone:</b> _____ <b>Cell Phone:</b> _____
<b>Email:</b> _____ <b>Occupation:</b> _____
<b>Business Address:</b> _____ <i>Street City State Zip</i>
<b>Business Phone:</b> _____ <b>Business Email:</b> _____
<b>Lady's First Name:</b> _____ <b>Lady's Email:</b> _____

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Recommended and vouched for on the Honor of:

_____	_____	_____
<i>(Noble's Printed Name)</i>	<i>(Signature)</i>	<i>(Member #)</i>
_____	_____	_____
<i>(Noble's Printed Name)</i>	<i>(Signature)</i>	<i>(Member #)</i>

**Official Use:** Fee \$ \_\_\_\_\_ Paid:  Cash  Check  Credit Card