Member Number:

Nile Shriners

Petition of:

Nile Shriners

Petition for Affiliation

Use this form if you had Demitted from Nile Shriners or another Temple and wish to rejoin Nile Shriners



Our Greatest Philanthropy **Shriners Hospitals for Children** Orthopedic Hospitals & Burn Institutes "Your support makes it possible!"

The fee for Affiliation is \$150

(Revised 2/2017)

For Affiliation

Date Received:

Date Elected: _____

Date Rejected: _____

Date Affiliated: _____

Nile Shriners

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

www.nileshriners.org

Nile Shriners - Petition for Affiliation

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

I, the undersigned, a Noble initiated into ______ Shrine, located in _____

City State

on ______ (date) which has granted the attached Certificate of Demit, respectfully request that I be admitted as a member of Nile Shriners. I furthermore state that I have not been suspended or expelled in the prerequisite Body since the date of being issued the Demit presented herewith. I furthermore state that I have resided within the jurisdiction of Nile Shriners for not less than six (6) months, as required by the By-Laws of Shriners International. If granted membership, 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 hereby declare that I am a Master Mason in good standing in ______ Lodge No. _____, located in

City

State

| Sirthplace: | Date of Bir | Date of Birth : | | | |
|--------------------|-----------------|-----------------|-----|--|--|
| Residence: | | | | | |
| Street | City | State | Zip | | |
| Mailing Address: | | | | | |
| Street | City | State | Zip | | |
| Home Phone: | Cell Phone: | | | | |
| mail: | Occupation: | | | | |
| Business Address: | | | | | |
| Street | City | State | Zip | | |
| Business Phone: | Business Email: | | | | |
| .ady's First Name: | Lady's Email: | | | | |

Recommended and vouched for on the Honor of:

| (Noble's | Printed Name) | | (Signature) | | | (Memb | oer #) |
|----------|------------------------|--------|--------------|-------|-------------|-------|--------|
| (Noble's | (Noble's Printed Name) | | (Signature) | | (Member #) | | |
| | Official Use: | Fee \$ | Paid: 🛛 Cash | Check | Credit Card | | |