

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

## *Nile Shriners*

Petition of:

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**For Association**

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

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

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

Date Associated: \_\_\_\_\_

### **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](mailto:office@nileshriners.org)

[www.nileshriners.org](http://www.nileshriners.org)

## *Nile Shriners*

### **Petition for Association**

*Use this form if you wish to belong to  
more than one Shrine Temple*



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

*"Your support makes it possible!"*



The fee for Association is:  
Resident (In-State) = \$115  
Non-Resident (Out-of-State) = \$105

*(Revised 11/2017)*

# Nile Shriners - Petition for Association

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 of Shriners International initiated in \_\_\_\_\_ Shrine, located in \_\_\_\_\_  
*City* *State*

on \_\_\_\_\_ (date) and I am presently a member of \_\_\_\_\_ Shrine, located in \_\_\_\_\_  
*City* *State*

respectfully request that I be admitted as an Associate Member of Nile Shriners in accordance with 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*

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