### Member Number:

# Nile Shriners

Petition of:

# Nile Shriners

# **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



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

Contact the Nile Office for current Restoration fees

(Revised 2/2017)

www.nileshriners.org

# For Restoration

Date Received:

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

Date Rejected:

Date Restored:

## **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



## **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.

City State

, located in

Birthplace:		Date of Birth :					
Residence:							
	Street	City	State	Zip			
Mailing Address:							
	Street	City	State	Zip			
Home Phone:		Cell Phone:					
Email:		Occupation:					
Business Address:							
	Street	City	State	Zip			
Business Phone:		Business Email:					
Lady's First Name:		Lady's Email:					

Recommended and vouched for on the Honor of:

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