Member Number: _____

Nile Shriners

Petition of:

_____

_____

_____

For Initiation & Membership

Date Received: _____

Date Elected: _____

Date Rejected: _____

Date Initiated: _____

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 Initiation & Membership

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

Cost of Initiation includes:
Temple Dues, Per Capita,
Shrine Hospital & Fez

Jan - Mar	*$350*
Apr - Jun	*$300*
Jul - Sep	*$250*
Oct - Dec	*$200*

(Revised 2/2017)

Nile Shriners - Petition for Initiation & Membership

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

I, the undersigned, hereby declare that I am a Master Mason in good standing in _____

Lodge No. _____ located in _____

                                                                                                    City   *State*

which is a Lodge recognized by or in amity with the Grand Lodge of Washington. Furthermore, I have resided at my current address for not less than six (6) months, as required by the By-Laws of Shriners International. I hereby make application to become a Noble of the Order, and a member of your Temple. 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.

Print Full Name: _____

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:** _____

Have you previously applied for admission to any temple of the Order? ☐ No ☐ Yes Temple/Date _____

Date: _____ **Signature:** _____

Recommended and vouched for on the Honor of:

_____ _____

(Noble's Printed Name)   *(Signature)*   *(Member #)*

_____ _____

(Noble's Printed Name)   *(Signature)*   *(Member #)*