

# PETITION FOR INITIATION AND MEMBERSHIP

## OASIS SHRINERS, A.A.O.N.M.S.

**To:** The Illustrious Potentate, Officers and Nobles of Oasis Shriners, Situated in the Oasis of Charlotte, Desert of North Carolina:

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_ Lodge, No \_\_\_\_\_, located at \_\_\_\_\_, \_\_\_\_\_, which is a \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Lodge recognized by or in amity with the Conference of Grand Masters of North America. Furthermore, I have resided at my current address for not less than 6 months, as required by the By-Laws of the Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your Shrine Chapter.

If I be found worthy, and my request granted, I promise to conform to the Articles of Incorporation and By-Laws of the Imperial Council and the By-Laws and Ceremonies of your chapter.

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Were you ever a DeMolay? \_\_\_\_\_ If so, what chapter name & location? \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_  
(If 'retired', retired from what vocation?)

Have you previously applied for admission to any Shrine chapter of the Order? \_\_\_\_\_

If so, where? \_\_\_\_\_

When? \_\_\_\_\_

Residence: \_\_\_\_\_  
Number & Street City/Town State Zipcode

Mailing Address: \_\_\_\_\_  
Number & Street City/Town State Zipcode

Your Business Address: \_\_\_\_\_  
Number & Street City/Town State Zipcode

Telephone: \_\_\_\_\_  
(Home) (Business)

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Your Hat Size: \_\_\_\_\_

PRINT YOUR FULL NAME HERE: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

Date of this Petition: \_\_\_\_\_ Your Signature: \_\_\_\_\_

This candidate recommended and vouched for on the honor of:

Noble \_\_\_\_\_ Shrine # \_\_\_\_\_ Club/Unit \_\_\_\_\_

Noble \_\_\_\_\_ Shrine # \_\_\_\_\_ Club/Unit \_\_\_\_\_

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(Attach to the petition a check or money order for \$200. This payment includes current year's dues, your Oasis Fez and lapel pin.)

FOR CREDIT CARD PAYMENT: Card Type: \_\_\_\_\_ (MC, VISA, DISCOVER)

CARD # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_