



MEDINAH SHRINERS

550 N. Shriners Drive | Addison, IL 60101 | 630.889.1400



To the Illustrious Potentate, Officers and Nobles of Medinah Shriners situated in the Desert of Illinois.

Full Name: _____ Nickname: _____

Address: _____ City: _____

State: _____ ZIP: _____ Birth Date: ___/___/___ Place of Birth: _____

Email: _____ Cell: _____ Home: _____

Bus. Phone: _____ Occupation: _____ Employer: _____

Military Service _____ Branch _____ Rank _____

Lady's Name: _____ Lady's Birth Date: ___/___/___

Lady's Cell: _____ Lady's Email: _____

Member Of: _____ Lodge# _____

Located At: _____ Year Raised: _____

Have previously applied for Shrine membership? _____ If so what Temple? _____ When? _____

Were you ever a DeMolay? _____ If so where? _____ When? _____

I solemnly swear that:

I do not now, and never will, hold membership in, or allegiance to, any Body claiming to be Masonic that has been declared clandestine.

I have resided within the jurisdiction of Medinah Shriners not less than six (6) months, as required by the constitution of the Imperial Council, and that I am not under suspension or expulsion in any Masonic Lodge, and respectfully pray that I may be made a Noble of Shriners International, and become a member of Medinah Shriners.

If found worthy and my request granted, I promise to conform with the Articles of Incorporation and By-Laws of the Imperial Council and the bylaws and Ceremonies of Medinah Shriners. If elected, the signing of this petition constitutes the signing of the bylaws of Medinah Shriners.

Signature: _____ / / _____

(Must be written in full) First Middle Last Date signed

Sponsor's Signature: _____ Member # _____

Sponsor's Signature: _____ Member # _____

FOR OFFICE USE ONLY
Member # _____

This is what is expected of all new Shriners

1. Pay dues when you receive your dues notice.
2. Attend four Stated Meetings per year.
3. Be as involved as your ability will permit. The more you put into our fraternity, the more you will receive.
4. The Fez is the symbol of our temple and philanthropy. It should be worn with pride and respect.
5. Promote our Fraternity and Philanthropy.
6. Have Fun and Help our Kids.

Instructions for Candidates from the Recorder

Candidates must pay full Initiation Fee, Dues, Hospital Assessment and Per Capita Tax before Initiation.

The Recorder's Office, 550 N. Shriners Drive, Addison, IL is open between 8:30 a.m. and 4:30 p.m. Monday thru Friday. Telephone: 630 889-1400 Fax: 630 705-9907

Initiation Fee --- \$150.00 plus Current Years Dues

Dues, Hospital Assessment and Per Capita Tax for new members are prorated as follows:

If Petition Initiated in:

January, February, March.....\$120
 April, May, June.....\$99

July, August, September.....\$78
 October, November, December.....\$176
 \$176 pays current pro-rated dues plus the entire next year

**A minimum of \$150.00 must accompany this petition.
 You will save considerable time if payment in full is attached.**

If you would like to prepay for a Fez kit

(Kit includes Fez, case, stabilizer, rain cover, top and bottom tassel jewels)

Mylar Fez Kit \$173



Jeweled Fez Kit \$231



Make all checks payable to: Medinah Shriners

You may pay your fees by credit card

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |

Credit card #: _____

Expiration date: _____

Petition Fee \$ 150

Prorated Dues \$ _____

Fez (optional) \$ _____

Total \$: _____

X _____

Sign your name as it appears on your bank credit card

PLEASE PRINT

Print your name and billing address
 as it appears on your bank credit card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____