

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

Full Name:		Nickname:					
Address:		City:					
State: ZIP: B	irth Date://	_ Place of Birth					
Email:		Cell:		Home:			
Bus. Phone:	Occupation:		Employer:				
Military Service	Branch		Rank				
Lady's Name:			_ Lady's Birth Da	ate:/_	/		
Lady's Cell:	Lady's Ema	ail:					
Member Of:		Lodge#					
Located At:		Year Rais	ed:				
Have previously applied for S	Shrine membership?	If so what 1	emple?		When?		
Were you ever a DeMolay?	If so where	?	When?				
I solemnly swear that: I do not now, and never will, ho clandestine.	ld membership in, or alle	giance to, any Bo	dy claiming to be I	Masonic th	at has been d	eclared	
I have resided within the jurisd the Imperial Council, and that may be made a Noble of Shrine	am not under suspensio	n or expulsion in	any Masonic Lodg	ge, and res			
If found worthy and my request Imperial Council and the bylaws the signing of the bylaws of Me	and Ceremonies of Med						
Signature:					//	,	
(Must be written in full)	First	Middle		Last	Date sigi	ned	
Sponsor's Signature:							
Printed Name:			Member # _				
Sponsor's Signature:			Momber #				
Printed Name:			Member # _			FOR OFFICE USE ONLY	
						Member #	

Revised 02/2021

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)



Jeweled Fez Kit \$231



Make all checks payable to: Medinah Shriners

You may pay your fees by credit cardVisaDiscoverMasterCardAmerican Express	PLEASE PRINT Print your name and billing address as it appears on your bank credit card
Credit card #: Expiration date: Petition Fee \$ 150 Prorated Dues \$ Fez (optional) \$	Name: Address: City: State:Zip:
Total \$: X Sign your name as it appears on your bank credit card	Phone: ()