



# 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 # \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
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.....\$130  
 April, May, June.....\$109

July, August, September.....\$88  
 October, November, December.....\$186  
 \$186 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 \$184**



**Jeweled Fez Kit \$246**



**Make all checks payable to: Medinah Shriners**

You may pay your fees by credit card

- Visa                       Discover  
 MasterCard               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: \_\_\_\_\_