

PETITION FOR INITIATION AND MEMBERSHIP

*MECCA SHRINERS*

To The Potentate, Offices and Nobles of MECCA SHRINERS, situated in the Oasis of New York City, Desert of New York:

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

Which is a Lodge recognized by or 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 Bylaws of The Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your temple.

If I be found worthy, and my request granted, I promise to conform to the Articles of Incorporation and the Bylaws of the Imperial Council and the Bylaws and Ceremonies of your temple.

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Were you ever a DeMolay? \_\_\_\_\_

If so, what was the Chapter name and location? \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Have you previously applied for membership to any temple of the order? \_\_\_\_\_

If so, to what temple? \_\_\_\_\_ When? \_\_\_\_\_

Residence Address: \_\_\_\_\_

Street City  
 \_\_\_\_\_  
 County State ZIP

Business Address: \_\_\_\_\_

Street City  
 \_\_\_\_\_  
 County State ZIP

Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Wife's name: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_ Signature: \_\_\_\_\_

Name in Full, initials not sufficient

Print Full Name Here: \_\_\_\_\_

Recommended and Vouched for on the Honor of Noble: \_\_\_\_\_ # \_\_\_\_\_

Noble: \_\_\_\_\_ # \_\_\_\_\_

Fez size: \_\_\_\_\_ Method of Payment \_\_\_\_\_

**INITIATION FEE and DUES and ASSESSEMENT for  
SHRINERS HOSPITALS for CHILDREN and FEZ**

The aggregate amount incumbent upon each Petitioner to pay is variable; dependent upon the period of the year the Order is conferred. In the following table, division of the four quarters of the year is shown which clearly states at the extreme right of each line, the total amount required by the Temple from each Petitioner. At least \$100.00 must accompany each Petition.

	Initiation Includes Fez	Dues	Assessment Shriners Hospitals For Children	Imperial per Capita	Total
Jan. 1 <sup>st</sup> to Mar. 31 <sup>st</sup>	\$300.00	\$65.00	\$5.00	\$15.00	\$385.00
Apr. 1 <sup>st</sup> to June 30 <sup>th</sup>	\$300.00	\$55.00	\$5.00	\$15.00	\$375.00
July 1 <sup>st</sup> to Sept. 30 <sup>th</sup>	\$300.00	\$45.00	\$5.00	\$15.00	\$365.00
Oct. 1 <sup>st</sup> to Dec. 31 <sup>st</sup>	\$300.00	\$120.00	\$10.00	\$30.00	\$460.00

This is in accordance with Article 32, By-laws of Imperial Council, and Article X, By-laws of Mecca Temple, which prescribes that candidates admitted during the calendar year shall pay the amount indicated above.

**MAKE CHECKS PAYABLE TO MECCA TEMPLE SHRINERS  
and forward with Petition to  
MECCA TEMPLE  
71 West 23<sup>rd</sup> Street, New York, NY 10010**

REPORT of ADMISSIONS COMMITTEE

Petitioner Interviewed: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Comm. Member: \_\_\_\_\_  
 Comm. Member: \_\_\_\_\_  
 Comm. Member: \_\_\_\_\_

RECORDERS RECORD

(Following to be filled in by Recorder only)

Petition Received: \_\_\_\_\_

PAYMENTS:	Amt. Rec'd.	Date Rec'd.	C.R. Book Page	Karder Rec.
Check with Petition:	\$ _____	_____	_____	_____
FOR INITIATION:				
Cash with Petition:	\$ _____	_____	_____	_____
Balance	\$ _____	_____	_____	_____
<input type="checkbox"/> Cash -- <input type="checkbox"/> Check				
FOR DUES Current	\$ _____	_____	_____	_____
FOR DUES Advanced Year	\$ _____	_____	_____	_____
HOSPITAL ASSESSMENT	\$ _____	_____	_____	_____
PER CAPITA TAX	\$ _____	_____	_____	_____
SHRINE FEZ	\$ _____	_____	_____	_____
TOTAL	** \$ _____ **	_____	_____	_____

Elected on: \_\_\_\_\_ Created on: \_\_\_\_\_ Number: \_\_\_\_\_ Fez presented on: \_\_\_\_\_ Fez mailed on: \_\_\_\_\_  
 Dues Card Presented on: \_\_\_\_\_ Dues Card Mailed on: \_\_\_\_\_

Candidates who petition during the last quarter of the year are required to include dues and hospital assessment for the following year, amounting to \$40.00. Their cheeks should be in the total amount of \$460.00.