



PETITION FOR INITIATION AND MEMBERSHIP	
APPLICANT INFORMATION	
FIRST NAME:	MIDDLE NAME:
LAST NAME:	NICKNAME:
DATE OF BIRTH: MM/DD/YYYY	PLACE OF BIRTH:
OCCUPATION:	LADY'S NAME:
CONTACT INFORMATION	
HOME ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
MAILING ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
HOME TELEPHONE NUMBER:	WORK NUMBER:
CELL NUMBER:	FAX NUMBER:
ALTERNATE NUMBER:	EMAIL:
FRATERNAL AFFILIATIONS	
LIST ALL FRATERNAL AFFILIATIONS:	
DECLARATION	
<p>To the Potentate, Officers and Nobles of Gizeh Shriners of BC & Yukon:</p> <p>I, the undersigned, hereby declare that I am a member in good standing as a Master Mason in _____ Lodge No. _____ located in _____</p> <p>recognized by, and in amity with, the Conference of Grand Masters of North America.</p> <p>Furthermore, I have resided at my current address for not less than six months, as required by the Bylaws of Shriners International. I hereby make application to become a Noble of the Order and a member of Gizeh Shriners of BC & Yukon. If granted membership, I promise to conform to the Bylaws of Shriners International and the Bylaws of Gizeh Shriners of BC & Yukon.</p>	
PETITIONER'S SIGNATURE	
SIGNATURE:	DATE:

TOP LINE SIGNERS		
Recommended and vouched for by:		
FULL NAME:	Shrine OR Member #	SIGNATURE:
FULL NAME:	Shrine OR Member #	SIGNATURE:

DUES INFORMATION Make remittance payable to Gizeh Shriners.	
Shriners International Initiation Fee	\$100.00
Application/Administration Fee	\$35.00
Shriners Hospital for Children Assessment	\$6.60
Shriners International Per Capita	\$66.10
Fez: PLAIN: \$125 <input type="checkbox"/> JEWELLED: \$200 <input type="checkbox"/> Fez Size: _____ inches	\$ _____
2024 Temple Dues – pro-rated per quarter <i>January – March (\$175) April – June (\$132) July – September (\$87.50) October – December (\$44)</i>	\$ _____
TOTAL AMOUNT OWING:	\$ _____

OFFICE USE ONLY		
Initiation Paid:	Hospital Assessment Paid:	Imperial Per Capita Paid: <input type="checkbox"/>
Fez: Paid Own Jewelled Plain	Temple Dues Paid:	
CHEQ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/>	Total Amount Paid: \$	
REPORT OF COMMITTEE ON PETITIONS		
The undersigned have examined the character and qualifications of the Petitioner and report that the petition is in order. Name of Petitioner:		
YES NO	If no, reason:	
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NOTES:		

Shrine Number :

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