

PETITION FOR AFFILIATION 2025 AINAD SHRINERS

609 St. Louis Ave., E. St. Louis, IL. 62201-2927 Phone: (618) 874-1870 Fax: (618) 8746920 AINAD SHRINERS.ORG

To The Potentate, Officers and Nobles of Ainad Shriners:

I understand, a Noble of the Order,	initiated in		
located	on Date:	and last a member of	
Shriners located	w	hich has granted the attached certificate of D	emit,
respectfully pray that I may be adm	itted a member of y	our Temple. I furthermore state that I have	resided at
my current address for not less thar	n six months, as req	uired by the by-laws of Shriners Internationa	I. I
Furthermore declare that I am a Ma	ister Mason in good	standings or have otherwise met the prerec	juisites for
membership under the by-laws of S	hriners Internationa	al.	
(Name of Lodge)		Lodge #:	
City:		State:	
Full Name (print):			
Address:		City:	
State:		Zip:	
Telephone #:		Cell:	
Occupation:		Work Phone:	
Birthplace:		DOB:	
Sign:		Date:	

SCAN THE QR CODE TO TAKE YOU TO THE AINAD WEBSITE FOR ADDITIONAL FORMS AND EVENT INFORMATION!

