



2025 PETITION FOR INITIATION AND MEMBERSHIP

AINAD SHRINERS

OASIS OF EAST ST. LOUIS, ILLINOIS

609 St. Louis Ave, 62201-2927

618-874-1870 Fax 618-874-6920

For Office Use Only

WebFez Update _____

Benchmark Update _____

Ainad Shrine Member# _____

To the Potentate, Officers, and Nobles of Ainad Shriners: I, the undersigned, hereby declare that I am a Master Mason in good standing in:

(Name of Lodge) (Lodge #) (Member Since)

Located at _____,
City State

Which is a lodge recognized by or in 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 Shriners International. I hereby make an application to become a Noble of the order, and a member of Ainad Shriners. If granted membership, I promise to conform to the articles of incorporation and bylaws of Shriners International and bylaws and ceremonies of Ainad Shriners.

Print Full Name: _____
(First) (Middle) (Last)

Occupation: _____ Work Phone: _____

Date of Birth: ____/____/____ (Mailing Address _____)

(City) _____ (State) _____ (Zip) _____

Cell #: _____ Email: _____

Lady's Name: _____ Ladies Cell: _____

Ladies Email: _____

EXPECTED DATE OF SHRINE ENTRY ____ / ____ / ____

Shrine Membership Recommended by:

Top Line Signer: _____ Member#: _____

Second Line Signer: _____ Member#: _____

Have you previously applied for admission to any Temple of the order? YES ____ NO ____

If yes, what Temple: _____

ITEMS FOR PURCHASE

FEZ SIZE: _____ EMBROIDERED FEZ \$110: _____ DOUBLE JEWELLED FEZ \$240: _____

FEZ CASE \$60: _____ \$80: _____ If mailed FEZ CASE NAME TAG \$7: _____ FEZ LINER \$7: _____

NAME ON FEZ CASE NAME TAG: _____

TOTAL DUE: _____

**NOTE – PRICES SUBJECT TO CHANGE*

AINAD SHRINERS MEMBERSHIP FEES

1. AINAD INITIATION FEE - \$100.00

2. IMPERIAL INITIATION FEE - \$27.50

3. AINAD DUES - **\$80.00** per year payable in advance on or before
a. January 1, of each year.

4. LIFE MEMBERSHIP - Available upon payment of 20 times the annual dues, \$1,600.00.
(20 x \$80)

5. SHRINERS HOSPITAL FOR CHILDREN ASSESSMENTS- **\$5.00** per year, payable in advance on or before January 1, of each year.
a. Permanent Contributing Memberships available upon payment of \$150.00. This PCM is tax deductible. (30 x \$5).

6. IMPERIAL PER CAPITA TAX - **\$50.00** per year, payable in advance on or before January 1, of each year.
a. Life Membership for Per Capita is available for \$1,500.00 (30 x \$50).

7. PRO-RATION OF DUES + PER CAPITA TAX AND

a. HOSPITAL ASSESSMENT - During the year of Initiation only, dues are pro-rated as follows: Payable at or before Initiation.

i. JANUARY - FEBRUARY - MARCH	\$ 135.00
ii. APRIL - MAY - JUNE	\$ 115.00
iii. JULY - AUGUST - SEPTEMBER	\$ 95.00
iv. OCTOBER -	\$ 80.00
v. NOVEMBER-DECEMBER	\$ 65.00

8. FEZ - Every candidate must possess a fez at initiation.

Payment Method: Check# _____ Cash _____ Charge _____

Credit Card #: _____ Exp. Date _____ / _____

Name on Card: _____

Signature: _____

Phone #: _____

We accept MasterCard, Visa, American Express, Discover credit cards. 3% service fee