

2025 PETITION FOR RESTORATION AINAD SHRINERS

609 St. Louis Ave. E. St. Louis, IL 62201-2927 PH: (618) 874-1870 FAX: (618) 874-6920 Ainadshriners.org

Date :_____

To The Potentate, Officers and Nobles of Ainad Shriners:

r, the undersigned, as a member years ago, and I respectfully req liquidated all indebtedness to Air the articles of incorporation and furthermore declare that I am a I	uest that I be restored to nad Shriners, and if my i bylaws of Shriners Inter	membership in Ainad Shequest is granted, I prominational, together with tho	riners. I have se to conform to	
Name of Lodge:		Lodge #		
Located:		City:	State:	
Print Full Name:				
Primary Phone:	E-mail:	DC	B:	
Address:	City:	State:	Zip:	
Ladies Name:				
Primary Phone:		E-mail:		
Signature:		Date:		
Recommended By:				
Noble (Print Name):		Member #:		
Noble (Print Name):		Member #:		
Office: Expected Date of Shring Entry:				

AINAD SHRINERS RESTORATION INSTRUCTIONS & FEES

To restore your membership with Ainad Shriners you must do the following:

(a) Fill out written application.(b) Furnish evidence that you are in §	good standing in your praraquisita	hody Rlue Lodge	
(c) Pay in full the dues, if any, of the			petition fo
reinstatement and for the immediately	- · · · · · · · · · · · · · · · · · · ·	•	F
We accept Master Card, Visa, Am	erican Express & Discover.		
Payment Method:			
•			
Check # (Last 4):		Cash:	
Credit card #:	Exp:	VIN:	
Name on the card:			
Signature:			
Date:			

* Please do not send cash through the mail.