

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

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 #)

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 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: _____

Occupation: _____ Work Phone: _____

Date of Birth: ____/____/____ Birthplace: _____

Residence: _____
Street City State/Zip

Home #: _____ Cell #: _____

Email: _____ Lady's Name: _____

EXPECTED DATE OF SHRINE ENTRY ____/____/____

Shrine Membership Recommended by:

Top Line Signer: _____ Member #: _____

Second Line Signer: _____ Member #: _____

FEZ SIZE: _____ **EMBROIDERED:** _____ **DBL JEWEL:** _____ **PAID:** _____

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

If yes, what Temple: _____

AINAD SHRINERS MEMBERSHIP FEES

1. INITIATION FEE - \$100.00 payable as follows:
At least 50% upon submission of Petition; and the balance payable at or before initiation.
2. AINAD DUES - \$70.00 per year payable in advance on or before January 1, of each year.
 - a. Life Membership - Available upon payment of 20 times the annual dues, \$1400.00. (20 x 70)
3. 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).
4. IMPERIAL PER CAPITA TAX - \$30.00 per year, payable in advance on or before January 1, of each year.
Life Membership for Per Capita is available for \$900.00 (30 x 30).
5. PRO-RATION OF DUES + PER CAPITA TAX AND HOSPITAL ASSESSMENT - During the year of Initiation only, dues are pro-rated as follows: Payable at or before Initiation.

JANUARY - FEBRUARY - MARCH	\$105.00
APRIL - MAY - JUNE	\$85.00
JULY - AUGUST - SEPTEMBER	\$70.00
OCTOBER - DECEMBER Restored or Affiliated . .	\$55.00
NOVEMBER-DECEMBER	\$35.00
6. FEZ - Every candidate must possess a fez, at initiation.
FEZZES FURNISHED AT NO PROFIT TO THE TEMPLE.

EMBROIDERED FEZ	\$100.00
DOUBLE JEWEL FEZ	\$220.00

 OTHER OPTIONS ARE AVAILABLE UPON REQUEST.

Payment Method
Check# _____ Cash _____ Charge _____

Credit Card #: _____ Exp. Date ____/____

Name on Card: _____

Signature: _____

Phone #: _____

We accept MasterCard, Visa, American Express and Discover credit cards