



# PETITION FOR INITIATION AND MEMBERSHIP 2017 AINAD SHRINERS

609 St. Louis Avenue, East St. Louis, IL 62201-2927  
(618) 874-1870 FAX (618) 874-6920 AINADSHRINERS.ORG

To The Potentate, Officers and Nobles of Ainad Shriners:

I, the undersigned, hereby declare that I am a Master Mason in good standing in

\_\_\_\_\_ Lodge # \_\_\_\_\_

(Name of Lodge)

located at \_\_\_\_\_  
City State

which meets the recognition standards of the Conference of Grand Masters in North America, Inter-American Masonic Confederation or the World Conference of Grand Lodges or have otherwise met the prerequisites for membership under the bylaws of Shriners International. 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 member of Ainad Shriners. If granted membership, I promise to conform to the Articles of Incorporation and Bylaws of Shriners International and the Bylaws and Ceremonies of Ainad Shriners.

Name \_\_\_\_\_  
Print Full Name

Occupation/Employer \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residence \_\_\_\_\_

Street City State Zip  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Lady's Name: \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Lady's Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shrine Membership Recommended By:  
Noble (Top Line Signer – PRINT Name): \_\_\_\_\_

Member # (On Dues Card): \_\_\_\_\_ Phone #: \_\_\_\_\_

Noble (PRINT Name): \_\_\_\_\_

Member # (On Dues Card): \_\_\_\_\_ Phone #: \_\_\_\_\_

Fez Size: \_\_\_\_\_ Embroidered \_\_\_\_\_ Double Jewel \_\_\_\_\_ Enclosed Payment: \$ \_\_\_\_\_  
(\$50 Minimum)

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

If yes, what Temple: \_\_\_\_\_  
Name / Location When?

# 2017 AINAD SHRINERS MEMBERSHIP FEES

1. INITIATION FEE - \$100.00 payable as follows (One Time):  
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) (10 x \$70 if over age 65)
3. Shriners Hospitals 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 before or at Initiation.

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

EMBROIDERED FEZ .....	\$ 85.00
DOUBLE JEWEL FEZ .....	\$195.00

OTHER OPTIONS AVAILABLE UPON REQUEST.

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

Payment Method: Check# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VIN Code \_\_\_\_\_ (3 digit code on back of card)

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Expected Date of Shrine Entry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_