

CANDIDATE \_\_\_\_\_ (Print Full Name - No Initials)



PETITION FOR INITIATION AND MEMBERSHIP  
ANCIENT ARABIC ORDER NOBLES OF THE MYSTIC SHRINE  
TO THE ILLUSTRIOUS POTENTATE, OFFICERS, AND NOBLES OF  
**ZOR SHRINERS**  
SITUATED IN THE OASIS OF MADISON, DESERT OF WISCONSIN

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_ Lodge # \_\_\_\_\_ located at \_\_\_\_\_, 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 The Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of Zor Shriners. If I be found worthy, and my request granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of Zor Shriners.

Birthplace \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
Profession or occupation \_\_\_\_\_ Were you ever a DeMolay?  
\_\_\_\_\_ Have you previously applied for admission to any Shrine of the Order? \_\_\_\_\_ If so, what Shrine Chapter?  
\_\_\_\_\_ When? \_\_\_\_\_ Are you a member of Scottish or York Rite \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone - Business ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ E-Mail Add. \_\_\_\_\_  
Wife's Name \_\_\_\_\_ Single \_\_\_\_\_ Fez (Hat) Size \_\_\_\_\_  
**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

Recommended and Vouched for on the Honor Of: \_\_\_\_\_ Date \_\_\_\_\_

**1st Line Signer:** Signature \_\_\_\_\_ Member # \_\_\_\_\_

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

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**2nd Line Signer:** Signature \_\_\_\_\_ Member # \_\_\_\_\_

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

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

NOTE: ALL PETITIONS MUST BE ACCOMPANIED WITH A CHECK, MONEY ORDER, OR CREDIT CARD PAYMENT FOR AT LEAST \$50.00. ALL ADDITIONAL FEES MUST BE PAID IN FULL WHEN REGISTERING THE DAY OF THE CEREMONIAL. PLEASE MAKE ALL CHECKS PAYABLE TO ZOR SHRINERS.