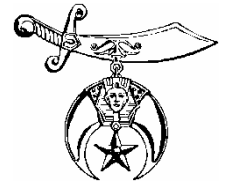


PETITION FOR INITIATION AND MEMBERSHIP



PHILAE SHRINERS

Ancient Arabic Order Nobles of the Mystic Shrine

P.O. Box 9050, Station "A", Halifax, Nova Scotia, Canada B3K 5M7

Telephone: (902) 454-7811 Fax: (902) 455-8963 E-mail: shriners@eastlink.ca

www.philaeshriners.com

To the Illustrious Potentate, Officers and Members of Philae Temple, situated in the Oasis of Halifax,

I am a **MASTER MASON** in good standing in _____,

Lodge No. _____ A.F. & A.M., City _____ Prov. _____

and have been since _____ / _____ / _____.
MM DD YYYY

Furthermore, I do not now, and never will, hold membership in or allegiance to, any Body claiming to be Masonic that has been declared clandestine. I have resided within the jurisdiction of your Temple, or in unoccupied territory, not less than six months, as required by the constitution of the Imperial Council, and that I am not under suspension or expulsion in Bodies prerequisite to this Order, and respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your Temple. If I be found worthy, and my request granted, I promise to conform to all the Ceremonies, Engagements, Constitutions, Regulations and Edicts of the Imperial Council together with those of your Temple.

Have you previously applied for admission to any Temple of the Order? _____.

If So, to what Temple? _____.

When? _____.

Name _____ Signature _____
(PRINT NAME IN FULL - INITIALS NOT SUFFICIENT)

Date: _____ 20 _____

THIS PETITION MUST BE SIGNED BY TWO (2) NOBLES IN GOOD STANDING IN PHILAE TEMPLE

First Line Signer

PHILAE NOBLE _____ Membership # _____

PRINT Name Here _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: () _____

Member of Shrine Club or Unit: _____

Second Line Signer

PHILAE NOBLE _____ Membership # _____

Print Full Name: _____
(As desired for Mailing)

Lady's Name: _____

Residence: _____
(Street)

City: _____ Postal Code: _____

Home Phone #: _____ Fax: _____

Birthplace: City: _____ Prov.: _____

Date of Birth: Month: _____ Day: _____ Year: _____

E-mail address: _____

Occupation: _____
(Detail Please)

Business Address: _____
(Street)

City: _____ Postal Code: _____

Business Phone: _____ Fax: _____

SEND SHRINE MAIL TO: Residence _____ or Business _____

Were you ever a DeMolay? _____, if so, what Chapter name and location _____

Hat Size _____ AMT. OF CHEQUE ENCLOSED\$ _____

Temple units and committees and every Shrine Club need men who are willing and able to help make Shrine activities as enjoyable as they ought to be. You can help, and if you do, your Shrine membership will have real meaning for you. If you are interested in any of the following, please check the appropriate box.

- | | |
|---|---|
| <input type="checkbox"/> | |
| <input type="checkbox"/> Band | <input type="checkbox"/> Clowns |
| <input type="checkbox"/> Arab Patrol | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Flag Unit | <input type="checkbox"/> Mini Cars |
| <input type="checkbox"/> Jolly Trolley | <input type="checkbox"/> Director's Staff |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> _____ other |
| <input type="checkbox"/> Ritualistic | |
| <input type="checkbox"/> Pipe Band | |
| <input type="checkbox"/> Desert Rats | |
| <input type="checkbox"/> Keystone Cops | |
| <input type="checkbox"/> Oriental Band | |
| <input type="checkbox"/> Shrine Hospital Work | |
| <input type="checkbox"/> Shrine Club Activities | |
| <input type="checkbox"/> Visiting sick and Shut-ins | |
| <input type="checkbox"/> Scooter Patrol | |

Recorder's Record

Date Elected: _____ Date Created: _____ Mem # _____

Please contact Recorder's Office to Confirm Appropriate Fees

PETITION FOR INITIATION AND MEMBERSHIP.docRevised May 20, 2025