KERBELA SHRINERS

PETITION FOR INITIATION AND MEMBERSHIP

315 MIMOSA AVE
KNOXVILLE, TN 37920
(865) 573-1901 * (865) 573-0120 (FAX)
WWW.KERBELASHRINERS.ORG
e-MAIL: office@kerbelashriners.org

PLEASE PRINT CLEARLY

NAME: _____ DATE _____
LAST FIRST & MI

RESIDENCE ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ e-MAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

WIFE'S NAME: _____ e-MAIL: _____

TO THE ILLUSTRIOUS POTENTATE, OFFICERS AND MEMBERS OF KERBELA SHRINERS, OASIS OF KNOXVILLE,
I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM A MASTER MASON IN GOOD STANDING OF:

_____ LODGE# _____ OF _____

YOU MUST SHOW EXACT LODGE NAME, LODGE NUMBER AND LOCATION (CITY & STATE)

I FURTHER REPRESENT THAT I HAVE NEVER APPLIED FOR MEMBERSHIP TO KERBELA SHRINERS OR ANY OTHER SHRINE OASIS. IF I BE FOUND WORTHY AND MY REQUEST GRANTED, I PROMISE TO CONFORM TO ALL THE CEREMONIES, ENGAGEMENTS, CONSTITUTION, REGULATIONS AND EDICTS OF THE IMPERIAL COUNCIL TOGETHER WITH THOSE OF KERBELA SHRINERS.

FULL SIGNATURE & DATE: _____ **Fez Size:** _____

RECOMMENDED AND VOUCHED FOR ON THE HONOR OF:

FIRST SPONSOR: _____ MEMBER #: _____

ADDRESS: _____ TELEPHONE: _____

SECOND SPONSOR: _____ MEMBER #: _____

ADDRESS: _____ TELEPHONE: _____

INITIATION FEE $175.00 INCLUDES 2017 DUES ***INITIATION FEE **PLUS** FEZ $310.00 (FEZ $135.00)

FOR YOUR CONVENIENCE, YOU MAY CHARGE YOUR FEES TO VISA, MASTER CARD OR DISCOVER:

ACCOUNT #: _____ EXPIRES: _____ 3-DIGIT CODE: _____

SIGN & DATE HERE: _____

COMMITTEE APPROVAL: _____ Received _____

_____ Elected _____

_____ Created _____

UPDATED 11/09/2015

FEE PAID: _____