

(Recorder's Record - Leave Blank)

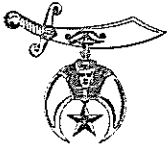
Date Received

Date Elected

Member #

CARD NUMBER _____

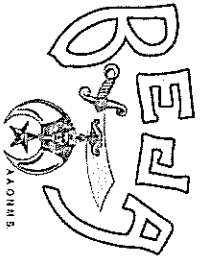
EXPIRATION DATE ____/____/____ SIGNATURE _____



PRO RATA SCHEDULE OF FEES AND DUES FOR NEW MEMBERS

IF CEREMONIAL IS BETWEEN	FEES	DUES	PER CAPITA TAX	HOSPITAL ASSESSMENT	TOTAL W/O FEZZ
January 1- March 31	\$65	\$49	\$30	\$5	\$149
April 1- June 30	\$65	\$42	\$30	\$5	\$142
July 1- September 30	\$65	\$35	\$30	\$5	\$135
October 1- December 31	\$65	\$30	\$30	\$5	\$130

PLEASE NOTE - A Beja fez can be purchased separately at the Beja Shrine Office.



PETITION FOR INITIATION AND MEMBERSHIP
BEJA SHRINE
 Ancient Arabic Order Nobles of the Mystic Shrine
BEJA SHRINE TEMPLE IN THE OASIS OF GREEN BAY, DESERT OF WISCONSIN.

Total Cost _____
 Amount Paid _____
 Balance Due _____

I, the undersigned, hereby declare that I am MASTER MASON in good standing in _____

Lodge # _____ F. & A. M., at _____

Were you ever a DE MOLAY? If so, what Chapter _____ Location _____
 Which is a Lodge recognized by or in unity with the Conference of Grand Masters of North America. Furthermore, I have resided at my current address for not less than six (6) months, as required by the By-laws of The Imperial Council. I 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 the Articles of Incorporation and By-laws of the Imperial Council and the By-laws and Ceremonies of your Temple.

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

If so, what Temple? _____ When? _____

Birthplace _____ (City) _____ (State) _____ (Date) ____/____/____ (Year)

Profession or Occupation _____ Phone # (____) _____

PLEASE CHECK (X) MAILING ADDRESS

Business Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)

Residence Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)

Email _____ Date _____ 20 _____ Signature _____ (Name in FULL - INITIALS ARE NOT SUFFICIENT)

RECOMMENDED AND VOUCHERED FOR ON THE HONOR OF

Noble _____ (Unit/Club) _____ Print FULL NAME plainly on above line
 Noble _____ (Unit/Club) _____ Name of Wife _____
 Investigating _____
MAKE SURE THAT EVERY SPACE IS PROPERLY FILLED OUT AND COMPLETE

IF ELECTED, THE SIGNING OF THIS PETITION CONSTITUTES THE SIGNING OF THE BY-LAWS OF BEJA SHRINE TEMPLE