



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	\$ 90.00
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 _____ / _____ / _____

(JAN 2017)