Al Shamal Shriners

Petition for Membership Initiation

To the Potentate, Officers and Nobles of Al Shamal Shriners, situated in the Oasis of Edmonton, Desert of Alberta, I, the undersigned, hereby declare that I am a Master Mason in good standing in _____ Lodge, # _____, located in _____, which is a Lodge recognized by the Conference of Grand Masters of North America. Furthermore, I have resided in my current address for not less than six 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 your temple. If I am found worthy, and my request is granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of your temple.

Shriners of North America …

is an international fraternity that developed out of Freemasonry more than a century ago. Because of its history and tradition, the fraternity is dedicated to fun, fellowship and the Masonic principles of brotherly love, relief and truth. The heart and soul of Shriners of North America is Shriners Hospitals for Children – an international system of 16 hospitals and 5 clinics that provide specialized pediatric care at no charge.

At Shriners Hospitals for Children, specialized pediatric care is combined with innovative research and outstanding teaching programs for one purpose … to improve the lives of children.

For more information about Al Shamal, please contact us:

Telephone: 780-482-6065

E-mail: recorder@alshamalshriners.org

Web www.alshamalshriners.org

Al Shamal Shriners

Petition for Membership Initiation

Fee: _____ Paid: _____ Cash: ◯ Cheque: ◯

Ceremonial Dates: _____ Credit Card: ◯ E-transfer: ◯

Name: _____

Residence: _____

City: _____

Province: _____ Postal Code: _____

Wife's Name: _____

e-mail: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Other Phone: _____

Birthplace: _____

Date of Birth: _____

Occupation: _____

Name in full (PRINTED): _____

Signature: _____ Date: _____

Recommended and vouched for on the honour of _____ _____

Noble Name (PRINTED): _____ Phone: _____

Noble Name (PRINTED): _____ Phone: _____

Have you ever applied for admission to any temple of the Order? Yes ◯ No ◯

If so, what location?

When? _____

Return your completed application to:

Al Shamal Shriners
14511 – 142 Street NW
Edmonton, AB T6V 0N6

or to your top line signer