

HADI SHRINERS



6 Walnut Street • PO Box 1 • Evansville, IN 47701-0001
Telephone: 812-423-4285 • Fax: 812-421-4477
www.hadishrine.org

PETITION FOR RESTORATION

To the Potentate, Officers and Nobles of Hadi Shriners, situated in the City of Evansville, State of Indiana
I, the undersigned, as a member of Hadi Shriners, was suspended for non-payment of dues for the year
of _____ and I respectfully request that I be restored to membership in Hadi Shriners.
I have liquidated all indebtedness to Hadi Shriners and if my request is granted, I promise to conform to
the articles of incorporation and bylaws of Shriners International, together with those of this temple.
I furthermore declare that I am a Master Mason in good standing in _____ Lodge.

No. _____, Located at _____

Birthplace _____ Date of Birth _____

Profession or Occupation _____

Home Address _____

Business Address _____

Mailing Address _____

Home Phone _____ Business Phone _____

Cell Phone _____ Other Phone _____

Email Address _____ Drivers License _____

Wife's Name _____

Date _____ Signature _____

Full Name (Please Print) _____

Recommended By:

Noble _____ Member # _____

Noble _____ Member # _____

OFFICE USE ONLY

DATE VOTED ON: _____

ENTERED IN MEMBERSHIP: _____

ENTERED BY: _____

DATE OF STATUS CHANGE: _____