

# 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 ASSOCIATE MEMBERSHIP

To the Potentate, Officers and Nobles of Hadi Shriners,  
Situating in the City of Evansville, State of: Indiana

I, the undersigned, a Noble of the Order, initiated in \_\_\_\_\_ Shriners,  
located at \_\_\_\_\_ on \_\_\_\_\_ (date)  
and presently a member of \_\_\_\_\_ Shriners,  
located at \_\_\_\_\_ being eligible under 323.10(a) for a  
demit, respectfully pray that I may be admitted as an associate member of your temple  
in accordance with 323.7.

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: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_

Email Address: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Full Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended By:

Noble: \_\_\_\_\_ Member No. \_\_\_\_\_

Noble: \_\_\_\_\_ Member No. \_\_\_\_\_

### OFFICE USE ONLY

APPROVED/DENIED ON: \_\_\_\_\_

ENTERED IN MEMBERSHIP: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

DATE OF STATUS CHANGE: \_\_\_\_\_