

# HADI SHRINERS



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

## PETITION FOR AFFILIATION

To the Potentate, Officers, and Nobles of Hadi Shriners,

Situated in the City of Evansville, State of: Indiana

I, the undersigned, a Noble of the Order, initiated in Hadi Shriners,

Located at 6 Walnut Street, Evansville, Indiana on \_\_\_\_\_ (date) and

last a member of Hadi Shriners, located at 6 Walnut Street, Evansville, IN,  
which was granted the attached Certificate of Demit, respectfully pray that I may be admitted a  
member of your temple. I furthermore state that I have resided at my current address for not  
less than six months, as required by the bylaws of Shriners International.

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: \_\_\_\_\_

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

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

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

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

Recommended By:

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

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

### OFFICE USE ONLY

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

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

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