

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 AFFILIATION

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 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: _____