

# 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 \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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: \_\_\_\_\_