

**PETITION FOR
INITIATION AND MEMBERSHIP
ANCIENT ARABIC ORDER NOBLES OF THE
MYSTIC SHRINE . . . ZORAH TEMPLE**

To the Illustrious Potentate, Officers and Members of Zorah Temple,
Situated in the Oasis of Terre Haute, Desert of Indiana.

I hereby declare that I am

a **Master Mason in good standing in**

Lodge No. _____ F. & A. M., at _____

a **Royal Arch Mason in good standing in**

Chapter No. _____ R. A. M., at _____

a **Knight Templar in good standing in**

Commandery No. _____ K. T., at _____

or a **32° Ancient and Accepted Scottish Rite Mason in good standing in**

Consistory, A. A. S. R., at _____

Furthermore, I do not now, and never will, hold membership in or allegiance to, any Body claiming to be Masonic that has been declared clandestine by a Commandery or Preceptory of Knights Templar or Consistory of the Ancient and Accepted Scottish Rite of Free Masonry of the obedience of either the Supreme Councils of the Northern or Southern Masonic Jurisdictions of such Rite in the United States, or those Supreme Councils which are in amity with and recognized by them; that I have resided within the jurisdiction of your Temple, or in unoccupied territory, not less than six months, as required by the Constitution of the Imperial Council, and that I am not under suspension or expulsion in either of the Bodies prerequisite to this Order, and respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your Temple.

If I be found worthy, and my request granted, I promise to conform to all the Ceremonies, Engagements, Constitutions, Regulations and Edicts of the Imperial Council, together with those of your Temple.

Name (Typed or Printed) _____

(First Name—Full Middle Name—Last Name)

(Each Name must be IN FULL—Initials are insufficient)

Birthplace _____ City _____ State _____

Date of Birth _____ 19 _____ Profession or Occupation _____

Employed by _____

Have you previously applied for admission to any Temple of the Order? _____

If so, to what Temple? _____ When? _____

Residence Address _____

Number and Street _____ City _____ State _____ Zip Code _____

Mail Address _____

Number and Street _____ City _____ State _____ Zip Code _____

Signature (Written) _____

(write name for mail)

SIZE OF HAT WORN for Fez _____ Dated _____

Wife's Name _____

Recommended and vouched for on the honor of: _____

Noble _____

Noble _____

ZORAH TEMPLE, A. A. O. N. M. S.

Petition for Orders

Name _____

Address _____

Zip Code _____

Presented _____ 19 _____

Elected _____
Rejected _____ 19 _____

COMMITTEE REPORT

Favorable Unfavorable

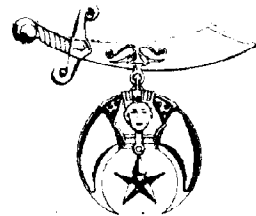
Noble _____

Noble _____

Noble _____

Created _____ 19 _____

*Petition
For
Zorah Shrine*



FEE \$100.00 Regular Fez
\$145.00 Jeweled Fez

INCLUDES

- FEZ
- INITIATION FEE
- SHRINE HOSPITAL
- ASSESSMENT
- DUES

FEE MUST ACCOMPANY PETITION

\$100.00 Regular Fez

\$145.00 Jeweled Fez

BE PREPARED

CARRY A PETITION

WITH YOU

AT ALL TIMES