



SAN ANTONIO SHRINE AUDITORIUM 901 NORTH LOOP 1604 WEST SAN ANTONIO, TEXAS 78232-1040 TELEPHONE: (210) 496-1625

PETITION FOR ASSOCIATE MEMBERSHIP ALZAFAR SHRINERS

To the Potentate, Officers, and Nobles of Alzafar Shriners, situated in the City of San Antonio, State of Texas:

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 _____, or have otherwise met the prerequisites for membership under the bylaws of Shriners International.

Birthplace _____ Date of Birth _____

Profession / Occupation _____

Residence: _____
Street County City State Zip

Business: _____
Street County City State Zip

Mailing Address: _____
(if different) Street County City State Zip

Telephone: Res: _____ Bus: _____

Cell phone: _____ Alt. phone: _____

Email Address _____

Name of Spouse _____

Date _____ 20____

Signature _____
Name in Full, initials not sufficient.

Print Full Name Here _____

Recommended By:

Noble _____

Noble _____