

FOR OFFICE RECORD  Check  Cash Initial Payment \$ \_\_\_\_\_  
Date Received \_\_\_\_\_ Fee \_\_\_\_\_ Balance Due \$ \_\_\_\_\_



PETITION FOR INITIATION AND MEMBERSHIP

# Sphinx Shriners

Ancient Arabic Order Nobles of the Mystic Shrine  
NEWINGTON, CONNECTICUT



To the Illustrious Potentate, Officers and Nobles of Sphinx Shriners  
Situated in the Oasis of Newington, Desert of Connecticut

Class No. \_\_\_\_\_

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_ Lodge

# \_\_\_\_\_ located at \_\_\_\_\_  
City State

Which is a Lodge recognized by or in amity with the Conference of Grand Masters of North American. Furthermore, I have resided at my current address for not less than 6 months, as required by the Bylaws of The Imperial Council. I 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 the Articles of Incorporation and Bylaws of The Imperial Council and the Bylaws and Ceremonies of your Temple.

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Were you ever a DeMolay? \_\_\_\_\_ If so, what was the Chapter name and location \_\_\_\_\_

Profession or occupation \_\_\_\_\_ Wife s name \_\_\_\_\_

Have you previously applied for admission to any temple of the Order? \_\_\_\_\_

If so, what temple? \_\_\_\_\_ When? \_\_\_\_\_

Residence Address \_\_\_\_\_

Street

City

County

State

Zip

Business Address \_\_\_\_\_

Street

City

County

State

Zip

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

eMail Address \_\_\_\_\_

Hat Size \_\_\_\_\_

Dated \_\_\_\_\_ 20 \_\_\_\_\_ Signature \_\_\_\_\_

NAME MUST BE WRITTEN IN FULL, Initials are not sufficient

Recommended and vouched for  
on the honor of

{ NOBLE \_\_\_\_\_  
NOBLE \_\_\_\_\_

\_\_\_\_\_  
#

This Petition accompanied by initiation fee of not less than \$20.00 must be filed with the Recorder  
P.O. Box 310157, Newington, CT 06131-0157, a least seven days prior to date of the Ceremonial

**INITIATION FEE \$200.00**

Includes Annual Dues, Fez and Shrine Hospital Assessments - MAKE CHECKS PAYABLE TO SPHINX SHRINERS

**IMPORTANT**  
PLEASE PRINT YOUR FULL NAME HERE



# REPORT OF COMMITTEE

The undersigned Investigation Committee appointed on this Petition respectfully reports in favor of \_\_\_\_\_ granting same.

_____	}	_____
_____		_____
_____		_____
Investigation Committee		Membership Committee

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## RECORDER RECORD

Elected \_\_\_\_\_ Rejected \_\_\_\_\_

Candidate Notified \_\_\_\_\_

Created \_\_\_\_\_