

PETITION FOR INITIATION AND MEMBERSHIP

MEMBER # \_\_\_\_\_



SPHINX SHRINERS

NEWINGTON, CONNECTICUT

Print Full Name \_\_\_\_\_  
APPLICANT

Recommended by:  
1<sup>st</sup> Line Signer: \_\_\_\_\_  
NOBLE MEMBER #

2<sup>nd</sup> Line Signer: \_\_\_\_\_  
NOBLE MEMBER #

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

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

CITY AND STATE

Which is a Lodge recognized by or in amity with the Conference of Grand Masters of North America. 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 Shriners, and become a member of Sphinx Shriners.

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 Sphinx Shriners.

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

Where you ever a DeMolay? \_\_\_\_\_ If so, Chapter name and location: \_\_\_\_\_

Profession or Occupation \_\_\_\_\_ Wife's Name: \_\_\_\_\_

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

If so, Temple name \_\_\_\_\_ When? \_\_\_\_\_

Residence \_\_\_\_\_  
NUMBER & STREET CITY, STATE, ZIP

Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
NUMBER & STREET CITY, STATE, ZIP

Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

COMPLETE NAME (FIRST, MIDDLE, LAST)

THIS PETITION MUST BE ACCOMPANIED BY INITIATION DEPOSIT OF NOT LESS THAN \$20 AND MUST BE FILED WITH THE RECORDER, PO BOX 310157, NEWINGTON, CT 06131 AT LEAST 7 DAYS PRIOR TO DATE OF THE CEREMONIAL

SPECIAL FOR 2023: INITIATION FEE \$110.00

INCLUDES ANNUAL DUES AND SHRINERS INT'L & HOSPITAL ASSESSMENTS – MAKE CHECKS PAYABLE TO SPHINX SHRINERS

FOR OFFICE RECORD: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK AMOUNT RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_ BAL DUE \_\_\_\_\_