

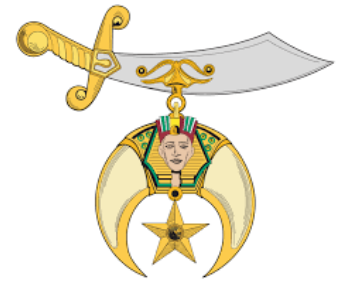


SALAAM SHRINERS OASIS OF WHIPPANY DESERT OF NEW JERSEY

114 Algonquin Parkway
Whippany, NJ 07981

Office 973-992-1111 Fax 862-210-8064

Email: recorder@salaamshrine.com



PETITION FOR MEMBERSHIP BY INITIATION

FULL NAME _____ OCCUPATION _____

ADDRESS _____

Cell Phone _____ Home Phone _____

Email _____

Lady's Name & Email _____

Date of Birth 00/00/000 _____ Birthplace _____ Fez Size _____

Are you a Senior Demolay _____ If yes Chapter name & location _____

Children (if any) Names _____

Ages o children listed above _____

Statement of Standing: To the Illustrious Potentate, Divan, and members of Salaam Shriners. Situate in the Oasis of Whippany and in the Desert of New Jersey, I the undersigned hereby declare that I am a Master Mason in good standing of a regular and duly constituted lodge recognized by the Conference of Grand Masters. I hereby further declare, that I am in good standing.

Masonic Lodge name & number _____ State _____

Member Number _____ Year Raised _____

I furthermore promise and vow that I have never applied for membership with Shriners International, nor have I to the best of my knowledge been rejected by any other Shrine Oasis. If I am found to be worthy and my request granted, I promise and vow to conform to the ceremonies, engagements, By-laws, regulations, protocol, and edicts of Shriners International together with, those of Salaam Shriners, Inc.

X _____
Signature of petitioner _____ Date of Signature 00/00/0000 _____

Recommended by members of this Temple

X _____
1st Signature of Temple Member _____ Print Name _____ Member Number _____

X _____
2nd Signature of Temple Member _____ Print Name _____ Member Number _____

Office use Only; Method of Payment (circle all that apply) Check, Cash, credit card, money order Total Amount Paid _____

Balloting Date _____ Creation Date _____ Fez Order Date _____ Fez Size _____