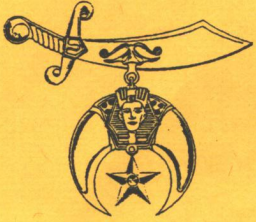


CREDIT CARD INFORMATION

December 2003



CARD NUMBER _____
 EXPIRATION DATE _____ SIGNATURE _____

PRO RATA SCHEDULE OF FEES AND DUES FOR NEW MEMBERS

IF CEREMONIAL IS BETWEEN	FEES	DUES	PER CAPITA TAX	HOSPITAL ASSESSMENT	TOTAL W/O FEZ
January 1 – March 31	\$65	\$29	\$15	\$5	\$ 114
April 1– June 30	\$65	\$22	\$15	\$5	\$ 107
July 1 – September 30	\$65	\$15	\$15	\$5	\$ 100
October 1 – December 31	\$65	\$10	\$15	\$5	\$ 95

(Recorder's Record – Leave Blank)

Date Rec'd _____
 Date Elected _____
 Member # _____

PLEASE NOTE – A Beja fez can be purchased separately at the Beja Shrine Office.



PETITION FOR INITIATION AND MEMBERSHIP
BEJA SHRINERS
 Ancient Arabic Order Nobles of the Mystic Shrine

Total Cost _____
 Amount Paid _____
 Balance Due _____

TO THE ILLUSTRIOUS POTENTATE, OFFICERS AND NOBLES OF BEJA SHRINE IN THE OASIS OF GREEN BAY, DESERT OF WISCONSIN:

I, the undersigned, hereby declare that I am MASTER MASON in good standing in _____
 Lodge # _____ F. & A. M., at _____
 Were you ever a DE MOLAY? If so, what Chapter _____ Location _____

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 six (6) months, as required by the By-laws 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 am found worthy, and my request granted, I promise to conform to the Articles of Incorporation and By-laws of the Imperial Council and the By-laws and Ceremonies of your Temple.

Have you previously applied for admission to any Temple of the Order? _____ When? _____
 If so, what Temple? _____

Birthplace _____ (City) _____ (State) _____ Date of Birth _____ / _____ / _____ (Month) (Date) (Year)
 Profession or Occupation _____ Phone # (_____) _____ - _____

PLEASE CHECK (X) MAILING ADDRESS

Business Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip) _____
 Residence Address _____ (Number and Street) _____ (City) _____ (State) _____ (Zip) _____
 Date _____ 20 _____ Signature _____ (Name in FULL – INITIALS ARE NOT SUFFICIENT)

RECOMMENDED AND VOUCHERED FOR ON THE HONOR OF

Noble _____ (Signature – Name) _____ (Temple #) _____ Print FULL NAME plainly on above line
 Noble _____ (Signature – Name) _____ (Temple #) _____ Name of Wife _____
 Investigating _____

MAKE SURE THAT EVERY SPACE IS PROPERLY FILLED OUT AND COMPLETE

IF ELECTED, THE SIGNING OF THIS PETITION CONSTITUTES THE SIGNING OF THE BY-LAWS OF THE BEJA SHRINERS