



AMARA SHRINE

DESERT OF FLORIDA - OASIS OF PALM BEACH GARDENS
P.O. Box 30335, PALM BEACH GARDENS, FL 33420
(561) 627-2100



PETITION FOR REINSTATEMENT

I, the undersigned, a former member of your Temple and **now under sentence of** _____

because of _____ respectfully request that I may be restored to membership.

I have liquidated all indebtedness to the Temple and if my request be granted I promise to conform to the Articles of Incorporation and bylaws of The Imperial Council together with those of Amara Temple. I furthermore declare that

I am a MASTER MASON in good standing in _____ Lodge No. _____, F & AM, located at _____, _____; I am also (but not required for admission) _____
City State

a KNIGHT TEMPLAR in good standing in _____ Commandery, No. _____, KT, located at _____, _____;
City State

a 32° A & A SCOTTISH RITE MASON in good standing in _____ Consistory AASR, located at _____, _____;
City State

a ROYAL ARCH MASON in good standing in _____ Chapter No. _____, RAM, located at _____, _____;
City State

I was a DeMolay at Chapter _____ located at _____, _____;
City State

I was not a member

Date of Birth _____ Place of Birth _____, _____;
MM/DD/YYYY City State

I am married Yes No Spouse/Lady's Name _____ I am a registered voter Yes

I have resided here for _____ months _____ years. No

Occupation/Profession: _____ I am Retired

Resident Address: _____ Street _____ Home Phone: _____
City State Zip Cell Phone: _____

Alternate/Seasonal Address: _____ Street/PO Box _____ Work Phone: _____
City State Zip Fax: _____

E-mail: _____

Please send Temple mailings to: Resident Address Alternate/Seasonal Address

Use My Seasonal Address From: _____ To: _____
MM/DD MM/DD

Signature _____ Date _____

Print Full Name: _____
Last First Middle (Initial)

Recommended and Vouched for on the Honor of Noble: _____ No. _____

and Noble: _____ No. _____

Application MUST be accompanied by current year Masonic Dues Card

Reinstatement Date: _____ Member No. _____ Fez Size: _____