



# AMARA SHRINERS

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



## PETITION FOR ASSOCIATE MEMBERSHIP

I, \_\_\_\_\_, being a member of \_\_\_\_\_ Temple, located in

\_\_\_\_\_, \_\_\_\_\_, which has granted the attached **Certificate of Eligibility**,  
City State

respectfully pray that I may be admitted to your Temple. **I WILL PRESENT MY CURRENT MASONIC DUES CARD.** I furthermore state that I have not been suspended or expelled in the Order prerequisite to membership in the Shrine, since of date of issuing the Eligibility Certificate presented herewith.

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: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip  
Cell Phone: \_\_\_\_\_

Alternate/Seasonal Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Street/PO Box 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, Shrine Dues Card and an \$80.00 fee*

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Association Date: \_\_\_\_\_ Member No. \_\_\_\_\_ Fez Size: \_\_\_\_\_