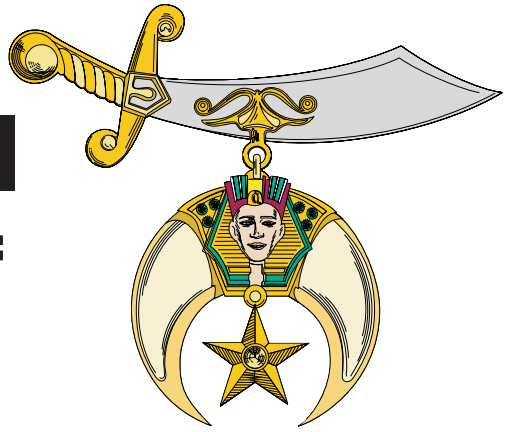


Please send me more information about how I might join the Shrine of North America.



(Please type or print neatly.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Please have someone contact me personally.

Please mail me information.

Mail or fax this form to:

Shriners International Headquarters
Membership Development Office
Fax: 813.281.8460
2900 Rocky Point Drive
Tampa, FL 33607-1435

~ OR GIVE THIS TO THE PERSON WHO GAVE YOU THE SHRINE CD ~