

PETITION FOR INITIATION AND MEMBERSHIP SESOSTRIS SHRINE

TO THE POTENTATE, OFFICERS AND NOBLES OF SESOSTRIS SHRINE,

SITUATED IN THE OASIS OF LINCOLN, DESERT OF NEBRASKA:

Please complete this petition and return it with a check for \$200.00 to Sesostris Shrine, 1050 Saltillo Rd, Roca NE 68430

I, the undersigned, hereby declare that I am a Master Mason in good standing in

Blue Lodge Name _____ No. _____ City & State _____ Date raised as Master Mason _____

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 6 months, as required by the Bylaws 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 be found worthy, and my request granted, I promise to conform to the Articles of Incorporation and bylaws of The Imperial Council and the bylaws and Ceremonies of your temple.

Birthplace _____ Date of Birth _____

Marital Status: (circle one) Single Married Lady's Name _____

Were you ever a DeMolay? Y N If so, chapter and Location? _____

Profession or Occupation _____ Retired? Y N Veteran? Y N

Have you previously applied for admission to any temple of the Order? Y N Hat/Fez Size _____

If so, to what temple? _____ When? _____

PRINT FULL NAME HERE _____ Nickname (if any) _____

Residence _____
Street _____ City _____ County _____ State _____ Zip + 4 _____

Mail Address _____
Street/PO Box _____ City _____ County _____ State _____ Zip + 4 _____

Telephone: Res: (____) _____ Cell: (____) _____ Bus: (____) _____

Employer _____

Business Address _____
Street _____ City _____ County _____ State _____ Zip + 4 _____

Email address: _____
(PLEASE PRINT)

Petitioner Signature _____ Date _____

Recommended and Vouched for on the Honor of Noble

Print Name _____ Signature _____ Mem # _____

Print Name _____ Signature _____ Mem # _____

(Revised 2/9/2018)

Initiation Fees \$ _____
Make Check Payable to: Sesostris Shrine
FOR OFFICE USE ONLY
CASH CK # _____
AMOUNT \$ _____
_____ Membership No. Assigned