

# 2024 PETITION FOR INITIATION AND MEMBERSHIP

## AINAD SHRINERS

OASIS OF EAST ST. LOUIS, ILLINOIS

609 St. Louis Ave, 62201-2927

618-874-1870 Fax 618-874-6920

### For Office Use Only

WebFez Update \_\_\_\_\_

Benchmark Update \_\_\_\_\_

Ainad Shrine Member# \_\_\_\_\_

To the Potentate, Officers and Nobles of Ainad Shriners: I, the undersigned, hereby declare that I am a Master Mason in good standing in:

\_\_\_\_\_  
(Name of Lodge)

\_\_\_\_\_  
(Lodge #)

\_\_\_\_\_  
(Member Since)

Located at \_\_\_\_\_,  
City State

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 Shriners International. I hereby make application to become a Noble of the order, and a member of Ainad Shriners. If granted membership, I promise to conform to the articles of incorporation and bylaws of Shriners International and bylaws and ceremonies of Ainad Shriners.

Print Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

Residence: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Lady's Name: \_\_\_\_\_ Ladies Cell: \_\_\_\_\_

Ladies Email: \_\_\_\_\_

**EXPECTED DATE OF SHRINE ENTRY** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shrine Membership Recommended by:

Top Line Signer: \_\_\_\_\_ Member#: \_\_\_\_\_

Second Line Signer: \_\_\_\_\_ Member#: \_\_\_\_\_

Have you previously applied for admission to any Temple of the order? YES \_\_\_\_ NO \_\_\_\_

If yes, what Temple: \_\_\_\_\_

## ITEMS FOR PURCHASE

FEZ SIZE: \_\_\_\_\_ EMBROIDERED FEZ \$110: \_\_\_\_\_

DOUBLE JEWELLED FEZ \$240: \_\_\_\_\_

FEZ CASE \$60: \_\_\_\_\_ FEZ CASE NAME TAG \$7: \_\_\_\_\_ FEZ LINER \$7: \_\_\_\_\_

NAME ON FEZ CASE NAME TAG: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

*\*NOTE – PRICES SUBJECT TO CHANGE*

### AINAD SHRINERS MEMBERSHIP FEES

1. INITIATION FEE - \$100.00 payable as follows: **WAIVED FOR 2024**
  - a. At least 50% upon submission of Petition; and the balance payable at or before initiation.
2. AINAD DUES - \$70.00 per year payable in advance on or before
  - a. January 1, of each year.
3. LIFE MEMBERSHIP - Available upon payment of 20 times the annual dues, \$1,400.00. (20 x \$70)
4. SHRINERS HOSPITAL FOR CHILDREN ASSESSMENTS- \$5.00 per year, payable in advance on or before January 1, of each year.
  - a. Permanent Contributing Memberships available upon payment of \$150.00. This PCM is tax deductible. (30 x \$5).
5. IMPERIAL PER CAPITA TAX - \$50.00 per year, payable in advance on or before January 1, of each year.
  - a. Life Membership for Per Capita is available for \$1,500.00 (\$50 x 30).
6. PRO-RATION OF DUES + PER CAPITA TAX AND
  - a. HOSPITAL ASSESSMENT - During the year of Initiation only, dues are pro-rated as follows: Payable at or before Initiation.
    - i. JANUARY - FEBRUARY - MARCH . . . . . \$125.00
    - ii. APRIL - MAY - JUNE . . . . . \$ 105.00
    - iii. JULY - AUGUST - SEPTEMBER . . . . . \$ 85.00
    - iv. OCTOBER - DECEMBER Restored or Affiliated . . \$ 70.00
    - v. NOVEMBER-DECEMBER . . . . . \$ 55.00
7. FEZ - Every candidate must possess a fez at initiation.

Payment Method: Check# \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

We accept MasterCard, Visa, American Express and Discover credit cards.