



SALADIN NEWS

Issue 1, 2015 - Ceremonial Special Edition

Ceremonial Planned for May 16

Join us for the First Ceremonial of 2015!

Saladin will hold the first Ceremonial of 2015 in our temporary quarters at the Grand Rapids Masonic Temple on May 16th. Nobles Mark Baldwin (Ceremonial Chairman), Bart LeVan (Director of Work), and Roger Hekstra (2nd Section Director) have an excellent weekend planned for our Nobles and candidates.

The Initiation fees for 2015 are \$265 with a new Fez or \$125 if the candidate or his club provides a fez. A Petition can be found on the reverse side of this special edition newsletter. Please contact the Recorder if you have an individual desirous of crossing the sands and being part of supporting our life changing charity.

Candidates should report to the Temple by 10:00 am. A lunch for Nobles and candidates will be served at 11:30 am. A stated meeting for the election of candidates will be held at 12:30 pm with Ceremonial First Section beginning at 1:00 pm. This will be followed by the Second Section at 2:00 pm. A program and offsite lunch for ladies will occur simultaneously to the Temple activities.

Don't miss the Spring Ceremonial!

10:00 am - Candidates Report

11:30 am - Lunch

12:30 am - Stated Meeting for candidate elections

1:00 pm - First Section

2:00 pm - Second Section

Please RSVP your attendance to the office by calling (616) 942-1570 or send an email to Sara at skopec@saladinshrine.com

Join Saladin May 16th

\$265 Initiation Fee

(Fee includes Fez)

\$125 Initiation Fee

(Candidate or Club supplies Fez)

Grand Rapids Masonic Temple
233 East Fulton St, Grand Rapids, MI 49503

An announcement from

Hillbilly Clan #80



The annual election of officers for Hillbilly Clan #80 will be held on Saturday May 9, 2015 at the Cass County Shrine Club building located in Union Michigan beginning at Noon. We will have an election of officers, schedule a date for a summer ceremonial and finalize the 2015 parade schedule. We do not have a compiled mailing list of recent origin for all of our members, so if you are a member of the Hillbillies, please send your current contact information to the User of the Quill, Roger Dorn at 3707 64th St., Holland, MI 49423, or call him with your information at (269) 857-4750.

- Scott Sanford, P.P.

Shriners Hospitals for Children® provides specialty care for children up to age 18 with **orthopaedic conditions**, **burns**, **spinal cord injuries**, and **cleft lip and palate**, regardless of the families' ability to pay. All care and services are delivered in a family-centered environment.



For more information about our mission, or to refer a patient, visit shrinershospitalforchildren.org to locate a hospital near you. Or call 800-237-5055 in the U.S., or 800-361-7256 in Canada.



PETITION FOR INITIATION AND MEMBERSHIP

SALADIN SHRINERS

P.O. Box 8637, Kentwood, MI 49518
www.saladinshrine.com - (616) 942-1570



TO THE POTENTATE, OFFICERS AND NOBLES OF SALADIN SHRINERS, SITUATED
IN THE CITY OF KENTWOOD, STATE OF MICHIGN.

I, the undersigned, hereby declare that I am a Master Mason in _____ Lodge
No. _____ Located at _____ (city) _____ (state)
which meets the recognition standards of the Conference of Grand Masters in North America, Interamerican Masonic Confederation or the
World Conference of Grand Lodges. 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 your temple. If granted membership, I
promise to conform to the Articles of Incorporation and Bylaws of Shriners International and the Bylaws and Ceremonies of your temple.

Have you previously applied for admission to any temple of the Order? Yes No

If yes, what temple? _____ When? _____

Were you ever a DeMolay? Yes No

If yes, what Chapter? (name and location) _____

Profession / Occupation _____

Employer _____ Phone _____

Birthplace _____ Date of Birth _____

Residence _____
Number and Street County City State Zip

Phone _____ Email _____

Business _____
Number and Street County City State Zip

Phone _____ Email _____

Mailing address - Please use Residence Business

Name of Spouse / Lady _____

Date _____, 20____ Signature _____

PRINT FULL NAME _____

RECOMMENDED BY:

NOBLE _____ MEMBER NO. _____

NOBLE _____ MEMBER NO. _____

Fez Size _____ Method of payment _____