

PETITION FOR AFFILIATION SALADIN SHRINERS



233 East Fulton St, Suite 102, Grand Rapids, MI 49503 www.saladinshrine.com - (616) 942-1570

To The Potentate, Officers and Nobles of Saladin Shriners, Situated in the City of Grand Rapids, State of Michigan.

I, the undersigned, a Noble of the Order, initiated in			Shriners, located at			
	on (date) and last a member of		of	Shriners, located at		
	, which has granted	d the attached Certificate of	Demit, respectfully p	oray that I may	be admitted a	
member of your t	emple. I furthermore	state that I have resided at r	ny current address for	r not less than	six months, as	
required by the by	ylaws of Shriners Inter	national.				
I am a Master Mason in good standing in				Lodge, No	·,	
Located at						
Birthplace			Date of Birth			
Profession or occ	upation					
Residence	Number and Street	City	County	State	Zip	
Business Address	Number and Street	City	County	State	Zip	
Mail Address	Number and Street	City	County	State	Zip	
Telephone: Res: () Bus: ()			Cell: ()			
E-mail Address _						
Name of Spouse /	' Lady					
Date	, 20	-				
	Signature	:				
	Print Full	Name Here				
Recommended B	Зү:	NAME IN FULL, initials not sufficient				
Noble		Member No.				
Noble	Мемвек No on in 2019 is a pro-rated portion of our appual dues. Contact the temple office for more information					

The fee for affiliation in 2019 is a pro-rated portion of our annual dues. Contact the temple office for more information. Make checks out to Saladin Temple. Payment can also be accepted via Credit Card by calling (616) 942-1570.

Background Information

All petitioners must complete this portion of the application in full. The Nobility of Saladin Shriners will be made aware of any petitioner refusing to complete the entire petition prior to the time it is balloted on.

Have you ever been convicted of a felony or misdemeanor?

Yes

🗖 No

Ever granted a diversion / deferred prosecution?

U Yes

🗆 No

If you answered yes to either question list the year, charge, city & state as well as the result:

By signing this consent form, I acknowledge that I will be subject to a comprehensive criminal background check and I authorize Shriners International, its members, employees, agents and assigns, as well as the temple to which I submit this petition, its members, employees, agents and assigns to investigate my background. I understand that this investigation will be used to determine my suitability for membership in the Shrine fraternity, and in exchange for consideration of membership, I consent to this background investigation and agree to hold harmless Shriners International, its members, employees, agents and assigns, as well as the temple to which I submit this petition, its members, employees, agents and assigns, from any and all claims, damages, liabilities, costs, expenses, or any other action arising from searching for, retrieving, or reviewing any information obtained, and further that I hereby waive my right to bring any cause of action against the temple, its officers, members or Shriners International, its officers or members, for defamation, invasion of privacy, or any other cause of action arising from their investigation and/or decision.

Date _____, 20 _____ Signature _____

Print Full Name _____