



Harry Jones  
Potentate 2019

# PETITION FOR RESTORATION 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, as a member of Saladin Shriners, was suspended for non-payment of dues \_\_\_\_\_  
years ago, and I respectfully request that I be restored to membership in Saladin Shriners.

I have liquidated all indebtedness to Saladin Shriners, and if my request is granted, I promise to conform to the  
articles of incorporation and bylaws of Shriners International, together with those of this temple. I furthermore declare  
that I am a Master Mason in good standing in \_\_\_\_\_ Lodge, No. \_\_\_\_\_,

Located at \_\_\_\_\_.

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Profession or occupation \_\_\_\_\_

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: \_\_\_\_\_

NAME IN FULL, *initials not sufficient*

Print Full Name Here \_\_\_\_\_

The fee for restoration in 2019 is payment of the current year's dues of \$95. 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?

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 \_\_\_\_\_