



## 2025 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 Shriner: 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 an application to become a Noble of the order, and a member of Ainad Shriner. If granted membership, I promise to conform to the articles of incorporation and bylaws of Shriners International and bylaws and ceremonies of Ainad Shriner.

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mailing Address \_\_\_\_\_)

(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 \$125: \_\_\_\_\_ DOUBLE JEWELLED FEZ \$250: \_\_\_\_\_

FEZ CASE \$60: \_\_\_\_\_ (\$80: \_\_\_\_\_ to mail it.) FEZ CASE NAME TAG \$10: \_\_\_\_\_ FEZ LINER \$7: \_\_\_\_\_

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

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

*\*NOTE – PRICES SUBJECT TO CHANGE*

### AINAD SHRINERS MEMBERSHIP FEES

1. AINAD INITIATION FEE - \$100.00

IMPERIAL INITIATION FEE - \$28.00

3. AINAD DUES - \$80.00 per year payable in advance on or before  
a. January 1, of each year.

4. LIFE MEMBERSHIP - Available upon payment of 20 times the annual dues, \$1,600.00.  
(20 x \$80)

5. 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.  
PCM is tax deductible. (30 x \$5).

6. 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 (30 x \$50).

#### 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. MAY CEREMONIAL \_\_\_\_\_ \$ 115.00

ii. NOVEMBER CEREMONIAL \_\_\_\_\_ \$ 65.00

Dues Total: \$ 243.00 + Additional Purchases (if applicable) \$ \_\_\_\_\_ = \_\_\_\_\_

8. FEZ - Every candidate must possess a fez at initiation.

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

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

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

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

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