



PETITION FOR RESTORATION MEMBERSHIP



ALADDIN SHRINE

3850 STELZER RD
COLUMBUS, OHIO 43219

2010

614-475-2609 1-800-475-3850
aladdinshrine@aladdinshrine.org

**Ancient Arabic Order
Nobles of the Mystic
Shrine**

TO THE ILLUSTRIOUS POTENTATE, OFFICERS AND MEMBERS OF

For Office Use only:

ALADDIN SHRINE SITUATED IN COLUMBUS, OHIO

NUMBER: _____

I, the undersigned, a former member of Aladdin Shrine and now under suspension for:

Non – Payment of Dues

Failure to Maintain Pre-Requisite

and therefore respectfully request that I may be restored to membership. I have liquidated all indebtedness to Aladdin Shrine and if my request be granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council together with those of Aladdin Shrine. I furthermore declare that I am a member in good standing of :

_____ Lodge No. _____ F. & A.M., at _____

which is a lodge by or in amity with 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 the Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine and become a member of your temple.

Print Full Name here _____ Lady's Name _____

Residence Address _____ Phone (_____) _____

City _____ State _____ Zip Code _____ - _____

Birthplace _____ Date of Birth ____/____/____

Profession or occupation _____ Nickname _____ County of Residence _____

Employed by _____

Business Address _____ Phone _____

SIGNATURE _____ DATE ____/____/____

E-Mail Address _____

Recommended and vouched for on the honor of:

Noble's Signature _____ Unit / Club _____

Print Signature _____ Number _____

Noble's Signature _____ Unit / Club _____

Print Signature _____ Number _____

Restoration fee:

JAN – SEPT \$94.00

OCT – DEC Will be effective January 1st

You may use your credit card to pay your restoration fees. See back of form.

Please call the office to make sure that a restoration is needed.

(Revised 12-31-09)

CREDIT CARD INFORMATION

Name on Card _____

Cardholder's Address _____

CREDIT CARD # _____ - _____ - _____ - _____

Expiration Date _____ Amount \$ _____

Visa MasterCard Discover

Signature _____ Date _____

(REVISED 12-31-09)