

**PETITION FOR INITIATION or RESTORATION of MEMBERSHIP**  
**SAHARA SHRINERS**

**TO THE POTENTATE, OFFICERS AND NOBELS OF**  
**SAHARA SHRINE CENTER of Pine Bluff, Arkansas**

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_  
Lodge, No. \_\_\_\_\_, located at \_\_\_\_\_

Please provide a copy of your Lodge Membership Card.

Shriners International requires that I complete a background investigation before my Petition/Restoration may be accepted by the Temple. The cost for this check is \$20.00. Sahara Shrine Temple will complete the background check. Please sign Consent to Background Check on the back of this page.

**If I be found worthy and my request granted, I promise to conform to the Articles of Incorporation and the Bylaws of the Imperial Council and Ceremonies of Sahara Shrine Center.**

**Full Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**D.O.B** \_\_\_\_\_ **S.S.N** \_\_\_\_\_ **Wife's Name** \_\_\_\_\_

**Residence: Number & Street** \_\_\_\_\_

**Town or City:** \_\_\_\_\_

**State / Zip Code:** \_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Your Email:** \_\_\_\_\_ **Wife's Email** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Have you applied for admission to any Shrine before?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, what Shrine and when?** \_\_\_\_\_

**Applicants Signature** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**(This Space For Office)**

**Recommended and Vouched for on the Honor of**

\_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_

**Voted on** \_\_\_\_\_

**Admitted on** \_\_\_\_\_

**Fees Paid** \_\_\_\_\_

**Hat/Fez Size** \_\_\_\_\_

**POTENTATE APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Initiation Fees

**Initiation Fee w/NEW Jeweled Fez, Hospital Fee, Imperial Per-Capita and Current Years Dues - \$250.00**

**Initiation Fee w/NEW Silk Embroidered Fez, Hospital Fee, Per-Capita and Current Years Dues - \$195.00**

**Initiation Fee w/Used Jeweled Fez (If Available), Hospital Fee, Per-Capita and Current Years Dues - \$145.00**

**Initiation Fee w/ Old Embroidered Fez (If Available), Hospital Fee, Per-Capita, and Current Years Dues - \$ 95.00**

**Restoration Fees - \$95.00 + \$20.00 (Background Check)**

**Associate Membership Fees - \$20.00**

**Background Check Fee - \$20.00**

### BACKGROUND INVESTIGATION

As part of our membership process, Shriners International requires that you complete a background investigation before your Petition/Restoration may be accepted by the temple. Please read and sign the consent (below), and refer to the Background Investigation Supplement attached to this petition. Background checks will be completed by the Sahara Shrine office.

#### Consent to Background Investigation

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.

**WHEREFORE**, having read and fully understood the above, I hereby signify my agreement and consent with my signature,

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
Signature of Petitioner in ink