



**Shriners Hospitals
for Children®**

Shriners Hospitals for Children®, the official philanthropy of Shriners International, is a pediatric health care system with 22 locations dedicated to providing specialty care, conducting innovative research, and offering outstanding medical teaching programs. All care is provided regardless of the families' ability to pay.

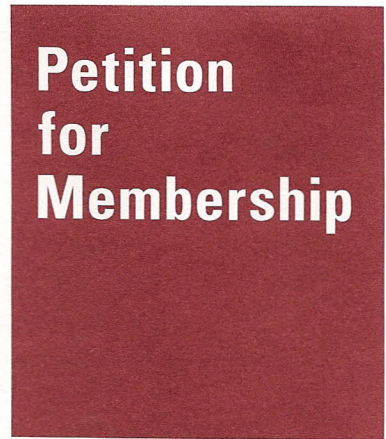
For more information about Shriners Hospitals for Children, please visit shrinershospitalsforchildren.org

Return your completed application to the temple at the following address:

Mirza Shrine

110 W. 5th Street
P.O. Box 776
Pittsburg, KS 66762
(620) 231-4180 F: 231-4261
mirzashriners@cox.net

For more information, please call **813-281-0300**, e-mail membership@shrinenet.org, or visit us on the Web at beashrinernow.com.



beashrinernow.com



Shriners International

Ceremonial Date(s): _____

To the Potentate, Officers and Nobles of _____ Shriners, situated in the city of _____, state of _____:

I, the undersigned, hereby declare that I am a Master Mason in good standing in _____ Lodge # _____, located in _____, _____, which meets the recognition standards of the Conference of Grand Masters in North America, Interamerican Masonic Confederation or the World Conference of Grand Lodges. Furthermore, I have resided at my current address for not less than six months, as required by the Bylaws of Shriners International. I hereby make application to become a Noble of the Order and a member of your temple. If granted membership, I promise to conform to the Articles of Incorporation and Bylaws of Shriners International and the Bylaws and Ceremonies of your temple.

Birthplace _____ **Date of Birth** ____/____/____

Occupation _____

Have you previously applied for admission to any temple of the Order? Yes No
If yes, what Temple? _____ When? _____

Residence _____
(Street Address, City, State, Zip, County)

Lady's Name _____ **Lady's email** _____

Home Phone _____ **Cell Phone** _____

Business Phone _____ **email** _____

Name _____ **Signature** _____ / ____/____
(Printed name in FULL - initials are not sufficient) (Date)

Recommended and vouched for on the Honor of:

(Noble's PRINTED Name) (Signature) (Member #)

(Noble's PRINTED Name) (Signature) (Member #)

Official Use: Fee \$ _____ Paid (Cash/Check/CC) _____ Fez Size _____ PPMAY16PFM