

# PETITION FOR INITIATION AND MEMBERSHIP

A. A. O. N. M. S.

## BEN HUR SHRINE

3851 Airport Blvd. Suite 105  
Austin, Tx. 78722  
Tele: 512-480-8012  
Fax: 512-479-4060



TO THE POTENTATE, OFFICERS AND NOBLES OF BEN HUR SHRINE,  
SITUATED IN THE OASIS OF AUSTIN, DESERT OF TEXAS.

I, \_\_\_\_\_, hereby declare that I am a Master Mason in  
good standing in \_\_\_\_\_ Lodge # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_.

which Lodge is 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 six months, as required by the by-laws of the Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine.

If I am found worthy, and my request is granted, I promise to conform to the Articles of Incorporation and By-laws of the Imperial Council of North America and the By-laws and Ceremonies of Ben Hur Shrine.

Have you previously applied for admission to the Shrine \_\_\_\_\_?  
If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Were you ever a DeMolay? \_\_\_\_\_ If so, what Chapter? \_\_\_\_\_

Birthplace \_\_\_\_\_ Date \_\_\_\_\_ Drives License Number \_\_\_\_\_

Residence Address: Street \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address: Street \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Profession or Occupation \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(If retired please state so and indicate previous occupation)

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Print Full Name Here \_\_\_\_\_ Wife's Name \_\_\_\_\_

Fez Size: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ Nickname \_\_\_\_\_

**(NOTE: PLEASE ATTACH A COPY OF YOUR CURRENT BLUE LODGE MEMBERSHIP CARD)**

Recommended and vouched for by Noble \_\_\_\_\_ Member No. \_\_\_\_\_  
Noble \_\_\_\_\_ Member No. \_\_\_\_\_

**CHECK PAYABLE TO BEN HUR SHRINE MUST ACCOMPANY PETITION OR VISA/MASTERCARD ACCEPTED**

Credit Card No. _____	Expiration Date _____	Signature _____
Initiation Fee	\$100.00	DUES: 1 <sup>st</sup> Qtr. (Jan - Mar) \$75.00
Per Capita Tax	15.00	2 <sup>nd</sup> Qtr. (Apr - Jun) 56.25
Hospital Assessment	5.00	3 <sup>rd</sup> Qtr. (Jul - Sept) 37.50
Fez	100.00	4 <sup>th</sup> Qtr. (Oct - Dec) 18.75
Dues	_____	
TOTAL AMOUNT DUE	\$ _____	

## **SHRINERS' CREED**

Shriner's believe in God and that he created man to serve is purposes, among which is service to others in his name.

We believe that care for the less fortunate, especially children who suffer from burns and crippling diseases, is our institutional calling.

We are patriots, each willing to serve his country with fidelity and courage. We cherish independence under law and freedom with responsibility.

We honor family. We respect our parents, wives and children. We endeavor to instill in our children the tenets of this creed and the heritage from which it emanates.

As individuals we pledge ourselves to integrity, virtue and nobility of character. Our intentions are honorable, our relations are trustworthy, and our spirits forgiving of each other.

As brothers we offer each other fraternal affection and respect. Together we support each other in adherence to this creed, so that our communities and we will be better because of our fraternity and its principles.

As Shriners we look beyond ourselves to serve the needs of others, especially children who cannot help their selves. We believe Shiners hospitals to be the world's greatest philanthropy, and we covenant with each other to support its "temples of mercy" with spirit, time, talent and means.