

Membership Application (revision 1.28.19)

Directions: Please fill out and turn in to the Secretary of the Patrol

		Al Malaikah Shriners	Patrol	
Full Name:				Date:
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email_		
Your BDAY		Wife's Birthday		
How many		What		
children do you have?		are their ages?		
		Masonic Experienc	е	
What year d	id	What units		
you join Al	iiu	are you involved		
Malaikah?	-	in?		
		What		
What clubs		offices		
you involved in?	1	have you held?		
What blue				
lodge are yo		What has		
member of?		been your		
(number and name)		highest office?		
What other I	Masonic organizatio	ons are you a member of?		
What other	professional, civic, c	or fraternal organizations are you a mem	nber of?	

Character References (2 Masonic; 1 Personal)					
Please list three professional references.					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Dhana				
Address:					
Full Name:	Relationship:				
Company:	Phono				
Address:					
	onal Questions				
What is your profession and who is your employer (or last employer if retired or unemployed)?					
 2. Are you able to meet the financial obligations of the Patrol? You are obligated to pay the Al Malaikah Shriners dues (\$125) annually, the Patrol dues (\$150) annually, and the cost of additional events such as our annual trip as a Patrol (\$200). 3. Does your spouse and/or children support your decision to join the Patrol? 4. Are you able to attend bi-monthly meetings at the Shriner's Auditorium in the Patrol Room and additional assigned tasks as worked out by the Captain each year? 5. How did you hear about the Patrol? 					
Medical					
Do you consider yourself in good health? YES or NO					
2. Are you able to make a few mile march? YES or NO					
3. Have you had any serious illness (e.g. heart attack) in the past (attach explanation if necessary)? YES or NO?					
Disclain	ner and Signature				
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.					
Signature:	Date:				
Sponsoring Patrol Member:	Date:				