| | PETITION FOR ASSOCIATE MEMBERSHIP | |
|-------------|--|--------------|
| 220 | PETITION FOR ASSOCIATE MEMIDERSHIP | Shrine ID #: |
| K ik | Al Malaikah Temple – Shriners International | |
| | 665 W. Jefferson Blvd., Los Ángeles, CA 90007 – <u>www.amshriners.com</u> Phone: (213) 748-0173 – Fax: (213) 746-7417 | |
| | Findle: $(213)/46-01/5 - Fax: (213)/40-741/$ | |

To the Illustrious Potentate, Officers, and Members of Al Malaikah Temple, situated in the Oasis of Los Angeles:

I, the undersigned, a Noble of the Mystic Shrine, initiated on (date) into

Temple, located at ______ and ______ and ______ presently a member of Temple, _______ respectfully pray that I may be admitted as an associate member of your Temple in accordance with Sec. 323.7. I furthermore state that I have resided within the jurisdiction of your Temple for no less than six months, as required by the By-Laws of Shriners International. I understand that if elected, the signing of this petition constitutes the signing of the By-laws of Al Malaikah Temple.

I furthermore declare that I am A MASTER MASON IN GOOD STANDING AT:

| Blue Lodge Na | ame | | , No | | , City | , State_ | |
|------------------|---------------------|-------------------------------------|--------------------------------|------------------------------|---|----------------------------|-----|
| PRINT OR TYPE N | | | | _ | | ignature (Full Name) | |
| Name | LAST, | FIRST | | 1IDDLE | | | |
| | | | | | | PLEASE CHECK PR MAILING | |
| Residence Add | dress STREET | | CITY | | STATE | ZIP CODE | |
| | Phone (Home) | | ((| Cell) | SIAIE | | |
| D · 411 | | | | | | | |
| Business Addr | ess | | CITY | mail | STATE | ZIP CODE | |
| Date of Birth | | | | | | Shirt Size | |
| Lady's Name_ | | Email | | | Cell | | |
| | | | · · | 0 | | of Al Malaikah Shr | · · |
| Member # | U | nit | | S | Shrine Club | | |
| Second Sponse | or0 | | Member | ` # | | | |
| 1 | Check or Cre Pl | dit Card Pay ease make al | ment for \$90 |).00 mus ble to: A | t accompany this ap l Malaikah Shrine hip on Memo Line** | - | |
| Master Card/Vis | sa # | | | | Expires | CVV | |
| Signature for Cr | redit Card Payment: | | | | | | |
| | Ma | | Jefferson Blv to: recorder@ | | Angeles, CA 90007 ners.com | | |