PETITION FOR INITIATION AND MEMBERSHIP

Al Malaikah Shriners, Shriners International
665 W. Jefferson Blvd., Los Angeles, CA 90007 – www.amshriners.com
Phone: (213) 748-0173 – Fax: (213) 746-7417

PRINT OR TYPE NAME IN FULL

Name _____ Occupation _____
LAST FIRST MIDDLE

PLEASE CHECK PREFERRED MAILING ADDRESS

Residence Address _____ [ ]
STREET CITY STATE ZIP CODE

Phone (Home) _____ (Cell) _____ (Email) _____

Business Address _____ [ ]
STREET CITY STATE ZIP CODE

Phone (Office) _____ (Fax) _____ (Email) _____

Date of Birth _____ Birthplace _____ Hat Size _____

Hobbies _____

Lady's Name _____ (Cell) _____ (Email) _____

To the Illustrious Potentate, Officers, and Members of Al Malaikah Shrine, situated in the Oasis of Los Angeles, I, the undersigned, hereby declare that I am a Master Mason in good standing of:

Blue Lodge Name _____, No. _____, City _____, State _____
MUST SHOW EXACT LODGE NAME, LODGE NUMBER AND LOCATION (CITY AND STATE)

I furthermore represent that I have never applied for said order, nor have I, to the best of my knowledge, been rejected by any other Shrine Oasis. If I be found worthy and my request granted, I promise to conform to all of the ceremonies, engagements, constitutions, regulations and edicts of the Imperial Council together with those of Al Malaikah Shriners.

_____
Signature (Full Name) & Date

Recommended and vouched for on the Honor of: **(Both must sign and be members of Al Malaikah Shrine)**

First Sponsor _____ Address _____
Member # _____ Unit _____ Shrine Club _____
Second Sponsor _____ Member # _____

Check or Credit Card Payment must accompany this application:

Initiation Fee: **$250** ☐ *(Includes 2026 dues)*
New Fez **$185** ☐ *(Must call office for sizing)*

Initiation with New Fez Total $435

Please make all checks payable to: Al Malaikah Shrine
Write Petition for Initiation and Membership on Memo Line

The office MUST recive this petition no later thean the Wednesday before the ceremonial

Master Card/Visa # _____ Expires _____ CVV _____

Signature for Credit Card Payment: _____

$ _____
Total to be charged on card

Mail to: 665 W. Jefferson Blvd., Los Angeles, CA 90007
Email to: recorder@amshriners.com

Rev.**11/25**