



El Bekal Member # _____

El Bekal Shrine

PETITION FOR RESTORATION

1320 S. Sanderson Ave. Anaheim, CA 92806 (714) 563-9111

To the Illustrious Potentate, Officers and Nobles of El Bekal Shrine, Shriners International in the Oasis of Anaheim Desert of California

I, the undersigned, a Noble of the Mystic Shrine in _____ Shrine, located at _____ on _____ (date) and presently a member of _____ Shrine located at _____

Which has granted the attached demit, respectfully pray that I may be admitted as a Member of your Shrine. I furthermore state that I have not been suspended of the orders prerequisite to membership in the Shrine and that I have resided within the jurisdiction of your Shrine not less than six months, as by the bylaws of The Imperial Council. I furthermore declare that I am:

A MASTER MASON IN GOOD STANDING IN:

_____ Lodge No. _____ F&AM, located at _____

Birthplace: _____ Date of Birth: _____ Res Phone: _____

Occupation: _____ Bus Phone: _____
(If Retired, please list former occupation)

Have you previously applied for or held Associate Membership in any other Shrine of the Order? _____

If so, what Shrine _____ When _____

Were you ever a DeMolay? _____ If yes, what Chapter Name, address _____

Residence: _____
Number & Street City State Zip Code

Business: _____
Number & Street City State Zip Code

Mailing address _____
Number & Street City State Zip Code

Hat (Fez) Size: _____ Wife's name: _____

Print name here: _____ Signature: _____
(Name in full, no initials)

If elected, the signing of this petition constitutes the signing of the bylaws of El Bekal Shrine, Shriners International

Recommended and vouched for on the Honor of: (Both must sign and be members of El Bekal Shrine)

NOBLE: _____ () _____
Name Address Zip Code Phone

NOBLE: _____ () _____
Name Address Zip Code Phone

Credit, Unit/Club _____

THIS PETITION CAN'T BE ACTED UPON UNLESS ACCOMPANIED BY PAYMENT OF \$ 109.00 Current years dues and \$10.00 for two years' (Hospital Assessment).

RECORDERS USE: Date received: _____ Type of Payment: Personal Check: _____ Cash: _____