

*Kismet Shrine Temple, PO Box 834, Hicksville, New York, 11802*

PETITION FOR INITIATION AND MEMBERSHIP

Name \_\_\_\_\_ Lady's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_ Lady's Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TO THE POTENTATE, OFFICERS AND NOBLES OF KISMET TEMPLE, SITUATED IN THE OASIS OF LONG ISLAND:

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_  
Lodge # \_\_\_\_\_ located at (*city*) \_\_\_\_\_ (*state*) \_\_\_\_\_ which is a Lodge recognized  
by or in amenity with the Conference of Grand Masters of North America. My Lodge membership number is \_\_\_\_\_.  
Furthermore, I have resided at my current address for not less than 6 months, as required by the Bylaws of The Imperial Council. I  
respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your Temple.

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Occupation \_\_\_\_\_  
Hat Size \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_  
Have you previously applied for admission to any Shrine Center? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Unit/Club Preferences (circle one or more) - Clowns, Band, Culinary, Wooden Soldiers, Motorcycles, Other: \_\_\_\_\_

If found worthy and my request granted. I promise to conform to all the Ceremonies, Engagements, Constitutions, Regulations and  
Edicts of the Imperial Council together with those of your Temple.

Signature (Full Name Please) \_\_\_\_\_ Date \_\_\_\_\_

First Sponsor \_\_\_\_\_ Shrine Membership # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Second Sponsor \_\_\_\_\_ Shrine Membership # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Initiation Fee is \$200 – Annual Membership Fee is \$135 (After Jun 30 \$85)  
*(payment of both must accompany petition)*  
Additional purchase of a Fez (\$135) is required, Fez case (\$40) is recommended

Please include a check with this application or charge to a Master Card\_\_ Visa \_\_ AMEX \_\_  
Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ CSC# \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_