



El Member # \_\_\_\_\_

Date: \_\_\_\_\_

**PETITION FOR MEMBERSHIP AND INITIATION INTO EL BEKAL SHRINE**  
**1320 So. Sanderson Ave. Anaheim, CA 92806 (714) 563-9111**

To the Illustrious Potentate, Officers and Nobles of El Bekal Shriners International, situated in the Oasis of Anaheim, Desert of California. I the undersigned hereby declare that I am a Master Mason in good standing in

\_\_\_\_\_ Lodge No. \_\_\_\_\_ located at \_\_\_\_\_

Furthermore, I do not now and never will hold membership in or allegiance to anybody claiming to be a Master Mason that has been declared clandestine; that I have resided within the jurisdiction of your Shrine, or unoccupied territory, not less than 6 months, as required by the bylaws of The Imperial Council and that I am not under suspension or expulsion in the prerequisite body to this Order, and respectfully pray that I may be made a member of your Shrine. If I be found worthy, and my request granted, I promise to conform to the articles of Incorporation and the bylaws of the Imperial Council and the bylaws and Ceremonies of your Shrine.

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Res Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Bus Phone \_\_\_\_\_  
If retired, list former occupation

E-mail: \_\_\_\_\_ Wife's name \_\_\_\_\_

Have you previously applied for admission to this or any other Shrine Temple? \_\_\_\_\_ If so which Shrine \_\_\_\_\_

When \_\_\_\_\_

Residence \_\_\_\_\_

**Number & Street, City, State, Zip**

Business \_\_\_\_\_

**Number & Street, City, State, Zip**

Mail Address \_\_\_\_\_

Hat Size \_\_\_\_\_

Print name in full : \_\_\_\_\_ Signature \_\_\_\_\_

If elected the signing of this petition constitutes the signing of the bylaws of El Bekal Shrine and Shriners International Recommended and vouched for on the Honor of **(both must sign and must be members of El Bekal Shrine)**.

Noble \_\_\_\_\_

Print name Address Zip Phone Blue Lodge Card #

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Credit, Unit Club: \_\_\_\_\_

**THIS PETITION CANNOT BE ACTED UPON UNLESS ACCOMPANIED BY THE FULL FEE OF \$325.00**

Recorders Use

Date received \_\_\_\_\_ Type of payment Personal Check \_\_\_\_\_ Cash \_\_\_\_\_

MC [ ] Visa [ ] Card # \_\_\_\_\_ Ex Date \_\_\_\_\_

Three number (card verification code) on back of card \_\_\_\_\_