

# - Vision -

Transforming Lives  
Through a  
Culture of Giving  
and Participation

# - Mission -

To Serve Mankind  
Through the Resources  
of its Great Philanthropy,  
the Shriners  
Hospitals for Children

*Return Completed Petition to:*

El Riad Shrine  
510 South Phillips Avenue  
Sioux Falls, South Dakota 57104

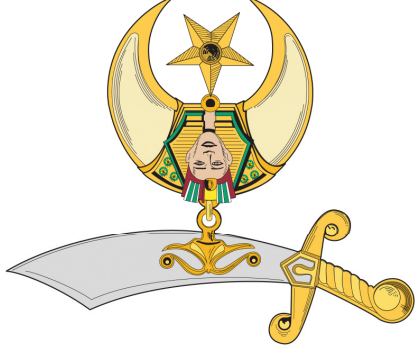
(605) 336-1117

[www.elriad.org](http://www.elriad.org)

*Official Use:*

Fee: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_  
(Cash/Check/CC)

Fee Size: \_\_\_\_\_



# Petition for Membership El Riad Shrine A.A.O.N.M.S.

**Ceremonial Date(s):** \_\_\_\_\_

To the Potentate, Officers and Nobles of El Riad Shrine situated in the Oasis of Sioux Falls, Desert of South Dakota, I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_  
Lodge # \_\_\_\_\_, located in \_\_\_\_\_,  
which is a Lodge recognized by or in amity with the Conference of Grand Masters of North America.

Furthermore, I have resided at my current address for not less than six 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. If I am found worthy, and my request is granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of your temple.

**Full Name** \_\_\_\_\_  
(Print Full Name)

**Residence** \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip)

**Home Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Business Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Lady's Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Birthplace** \_\_\_\_\_, **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Occupation** \_\_\_\_\_  
(Business Name)

**Have you previously applied for admission to any Temple of the Order?** Yes No  
If so, what location? \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_\_  
(Signed) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Petition Date)

**Recommended and vouched for on the Honor of:**  
\_\_\_\_\_  
(Noble's PRINTED Name) (Signature) (Member #)

\_\_\_\_\_  
(Noble's PRINTED Name) (Signature) (Member #)

