



*Aladdin Shrine Center*

# ALADDIN SHRINERS

Petition for **Associate Membership - 2024**  
1801 Gateway Circle, Grove City, Ohio 43123  
(614) 475-2609 (800) 475-3850  
www.aladdinshrine.org

TO THE ILLUSTRIOUS POTENTATE, OFFICERS AND MEMBERS OF  
ALADDIN SHRINE SITUATED IN COLUMBUS, OHIO:

Office Use Only:  
Member Number: \_\_\_\_\_

I, the undersigned, a Noble of the Mystic Shrine, initiated in \_\_\_\_\_ Shrine located at \_\_\_\_\_ and a member of \_\_\_\_\_ Shrine located at \_\_\_\_\_, respectfully pray that I may be admitted as an Associate member of your Shrine. I furthermore declare that I am a member in good standing of: \_\_\_\_\_ Lodge No. \_\_\_\_\_ F. & A.M., at \_\_\_\_\_,

which is a lodge 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 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.

Print Full Name: \_\_\_\_\_ Lady's Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Profession or Occupation: \_\_\_\_\_

(If retired, what did you do before you retired?)

Nickname: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fez Size: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Business Phone Number: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Name in full, no initials.

Recommended and vouched for on the honor of:

Noble's Name (Print) _____	Unit/Club: _____
Noble's Signature: _____	Member Number: _____
Noble's Name (Print) _____	Unit/Club: _____
Noble's Signature: _____	Member Number: _____

**Fees to Associate with Aladdin Shriners:**

January – March: \$99.00    April – June: \$74.25    July – September: \$49.50    October – December: \$128.75\*  
\*Includes 2025 Dues

Payment Information: [ ] Check Enclosed    [ ] Visa    [ ] MasterCard    [ ] Discover    [ ] American Express

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Amount To Charge: \_\_\_\_\_