



Aladdin Shrine Center

# ALADDIN SHRINERS

Petition for **Restoration 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 former member of Aladdin Shrine and now under suspension for:

Non-Payment of Dues             Failure to Maintain Pre-Requisite

and therefore respectfully request that I may be restored to membership. I have liquidated all indebtedness to Aladdin Shrine and if my request may be granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council together with those of Aladdin 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: \_\_\_\_\_

### Restoration Fee:

January – October: \$283    November – December: \$264 – includes 2025 dues

Payment Information:  Check Enclosed     Visa     MasterCard     Discover     American Express

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