



Aladdin Shrine Center

ALADDIN SHRINERS

Petition for **Initiation & Membership – 2025**
1801 Gateway Circle · Grove City, OH · 43123
(614) 475-2609 · (800) 475-3850
www.aladdinshrine.org

All Ohio Ceremonial
Saturday, April 12, 2025

Fall Ceremonial
Saturday, October 25, 2025

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

Office Use Only:
Member Number: _____

I hereby declare that I am a Master Mason 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.

Have you previously applied for admission to any Shrine of the Order? _____

If so, to what Shrine? _____ When? _____

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: _____ Birthplace: _____

Spouse's Name: _____ Fez Size: _____ (same as hat size)

Employed By: _____ Your Occupation: _____
(If retired, occupation before retirement)

Phone (Home): _____ Cell: _____ Work: _____

Email: _____

Address: _____ City, State, Zip: _____

SIGNATURE (Name in Full): _____ **Date:** _____

Recommended and vouched for on the honor of:

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

Ceremonial Fee: [] \$191.00 (January – June) [] \$141.50 (July – October) [] \$191.00* (November – December)
(Ceremonial fees are based on when you will be created, not when the petition is turned in.) *Joining in Nov. and Dec. includes 2026 Dues.

Fez Fee: [] Embroidered: \$115 [] Jeweled: \$190 [] No Fez Purchase

Payment Information: [] Check Enclosed [] Credit Card (Please circle one) Visa Mastercard Discover American Express

Card Number: _____ **Exp.** _____ **CVV:** _____ **Billing Zip:** _____

Amount: _____ **Signature:** _____

Office Use Only:

Received Date: _____ *Paid \$:* _____ *Type:* _____ *Date:* _____ *Batch #:* _____

Voted On Date: _____ *Created On Date:* _____