



Aladdin Shrine Center

ALADDIN SHRINERS

Petition for **Restoration Membership** - 2025
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: \$259 – includes 2025 dues

Payment Information: Check Enclosed Visa MasterCard Discover American Express

Credit Card Number: _____ Exp: _____ CVV: _____

Billing Zip: _____ Amount To Charge: _____