



Aladdin Shrine Center

ALADDIN SHRINERS

Petition for **Associate Membership - 2026**
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: \$123.75*
**Includes 2027 Dues*

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

Credit Card Number: _____ Exp: _____ CVV: _____ Billing Zip: _____

Amount to charge: \$ _____