



# ALADDIN SHRINERS

Petition for **Initiation & Membership – 2026**  
1801 Gateway Circle · Grove City, OH · 43123  
(614) 475-2609 · (800) 475-3850  
[www.aladdinshrine.org](http://www.aladdinshrine.org)

**Fall Ceremonial**  
Saturday, September 26, 2026

*Aladdin Shrine Center*

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 2027 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: \_\_\_\_\_