



SAN ANTONIO SHRINE AUDITORIUM 901 NORTH LOOP 1604 WEST SAN ANTONIO, TEXAS 78232-1040 TELEPHONE: (210) 496-1625

PETITION FOR RESTORATION ALZAFAR SHRINERS

To the Potentate, Officers, and Nobles of Alzafar Shriners, situated in the City of San Antonio, State of Texas:

I, the undersigned, as a member of Alzafar Shriners, was suspended for non-payment of dues in the _____ dues year, and I respectfully request that I be restored to membership in Alzafar Shriners.

I have liquidated all indebtedness to Alzafar Shriners, and if my request is granted, I promise to conform to the articles of incorporation and bylaws of Shriners International, together with those of this temple. I furthermore declare that I am a Master Mason in good standing of _____ Lodge, No. _____, located at _____, or have otherwise met the prerequisites for membership under the bylaws of Shriners International.

Print Full Name _____

Date of Birth _____ Profession / Occupation _____ Retired? Yes/No

Residence: _____
Street address, County, City, State, Zip

Mail Address (if different): _____
Street address, County, City, State, Zip

Home Phone: _____ Cell phone: _____

Business phone: _____ Email: _____

Spouse's Name: _____ Email: _____

Petitioner's Signature: _____ Date: _____ 20____

Recommended by:

Noble: _____ Member No. _____