



KARBELA SHRINERS

PETITION FOR MEMBERSHIP

315 KARBELA AVE
KNOXVILLE, TN 37920
(865) 573-1901

WWW.KARBELASHRINERS.ORG

EMAIL: OFFICE@KARBELASHRINERS.ORG

PLEASE PRINT CLEARLY

NAME: _____ DOB: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

E-MAIL ADDRESS: _____ OCCUPATION: _____

HOME PHONE: _____ CELL PHONE: _____

LADY'S NAME: _____ LADY'S EMAIL ADDRESS: _____

TO THE ILLUSTRIOUS POTENTATE, OFFICERS, AND MEMBERS OF KARBELA SHRINERS, OF KNOXVILLE, TN,
I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM A MASTER MASON IN GOOD STANDING OF:

_____ Lodge # _____ OF _____

YOU MUST SHOW EXACT LODGE NAME, LODGE NUMBER AND LOCATION (CITY & STATE)

**I FURTHER REPRESENT THAT I HAVE NEVER APPLIED FOR MEMBERSHIP TO KARBELA SHRINERS OR ANY
OTHER SHRINE TEMPLE. IF I AM FOUND WORTHY AND MY REQUEST GRANTED, I WILL CONFORM TO
ALL CEREMONIES, REGULATIONS AND EDICTS OF SHRINERS INTERNATIONAL AND KARBELA SHRINERS**

SIGNATURE: _____ DATE SIGNED: _____

RECOMMENDED BY:

NOBLE: _____ MEMBER #: _____

NOBLE: _____ MEMBER #: _____

INITIATION FEE \$170.00 INCLUDES 2024 DUES ***INITIATION FEE PLUS FEZ \$350.00 (FEZ \$180.00)

FEZ SIZE: _____

COMMITTEE APPROVAL: _____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

OFFICE USE ONLY

DATE PETITION RECEIVED IN OFFICE: _____ DATE ELECTED: _____ DATE CREATED: _____

INITIATION FEE: _____ YEARLY DUES: _____ FEZ: _____ TOTAL FEES PAID: _____

Circle one: PAID WITH: CASH/CREDIT CARD/CHECK

