Effective Date: *********(<u>revised 8/1/2023</u>)*********

FEES AND DUES (If unsure of cost, please contact office)

The Initiation Fee in the Rajah Shriners is \$50.00. The temple dues (\$67.00 for 2023) for new members. The schedule (including price of fez) is as follows:

"Mini Ceremonials will be held at the discretion of the Potentate."

	Jan. 1 – Oct. 31, 2023	Nov. 1 - Dec. 31, 2023
Initiation Fee	\$ 50.00**	\$ 50.00**
Dues 2023	67.00	17.00
Dues 2024	.00	67.00
Per Capita	30.00	50.00
Hospital	5.00	5.00
Jeweled Fez	<u>170.00</u>	<u>170.00</u>
Total	\$322.00	\$359.00
** Initiation Fee Waived	\$ - <u>50.00</u>	\$ - <u>50.00</u>
Special Price	\$ 272.00	\$ 309.00

PETITIONS MUST BE IN THE OFFICE ONE WEEK BEFORE INITIATION.

A COPY OF YOUR CURRENT BLUE LODGE DUES CARD

MUST BE ATTACHED WITH THIS PETITION.

Draw check to the order of "Rajah Shrine" and mail petition promptly to:

ADMINISTRATION OFFICE RAJAH SHRINE P O BOX 40 BLANDON PA 19510-0040 (610) 916-9000 - FAX: (610) 916-9100

PETITION FOR INITIATION AND MEMBERSHIP RAJAH SHRINERS

READING, PENNSYLVANIA

TO ILLUSTRIOUS POTENTATE, OFFICERS & NOBLES OF RAJAH SHRINERS, READING, PA:

LODGE NO	F&AM, locate	d at	(0	city)	(state).		
++(MUST HAVE	COPY OF CURREN	IT BLUE LODGE DUES CA	ARD ATTACHE	ED WITH THIS F	PETITION)++		
the World Conference International. Furthern International. I hereby	of Grand Lodges, or nore, I have resided at y make application to b	conference of Grand Masters in Nave otherwise met the prerequency current address for not less ecome a Noble of the order and ration and Bylaws of Shriners In	uisites for member than 6 months, as d member of your	rship under the by required by the By r temple. If grante	laws of Shriner laws of Shriner d membership,		
Have you previous	ly applied for admis	sion to any Shrine Temple?					
If yes, what Shrine	Temple		When				
Were you ever a D	eMolay? \square Ye	s 🖾 No					
If yes, what Chapte	er? (name and locat	on)					
Profession/Occupa	tion:						
Employer		Phone					
Birthplace:		Date of Birth:					
Residence	Street	County					
		County Cell Phon	•	State	Zip		
rez size		-					
Please print or tvi	pewrite name						
Pacammandad and	d vouched for on the	honor of					
			Pho	ne No			
			Phone NoPhone No				
Amount Paid:	Cash	Check	Credit Card	(Visa/MasterCa	rd/Discover)		
Card #		Exp. Date	V#	Balance Du	e		
**	SEE OTHER SIDE	FOR SCHEDULE OF INITI	ATION FEES A	AND DUES**			
Petition Received_							
Flected:	Initia	ated	Shrine No				