

Request for Information about Shriner Membership:

Please enter your Full Name (Initials not sufficient)

First Name:

Middle Name:

Last Name:

Street Address:

City: State: Zip: (9 Digit)

Home Phone: Fax:

E-mail:

If different than above:

Mailing Address:

City: State: Zip:

Date of Birth:

Place of birth City: State (Country if not US):

I have resided in Washington Years: Months:

Profession or Occupation:

Employer:

Employer Phone:

Are you a Freemason? If so fill out the items below. If not, do you want info about
Masonry: YES / NO. circle one. Are you 18 or older? YES / NO. circle one.

I am a Master Mason. My home Lodge is: _____# __ in the state: _____

I am a Shriner. My Home Temple is: _____ in the state: _____

Signature

Date