

HIGHLANDS SHRINE CLUB MEMBERSHIP APPLICATION

I, _____ Date _____

(please print)

Local Mailing Address

City _____ State _____ Zip Code _____

Phone Number (_____) _____ e-mail _____

Out of Town Mailing Address (if applicable)

City _____ State _____ Zip Code _____

Phone Number (_____) _____ e-mail _____

Hereby make application for membership in the HIGHLANDS SHRINE CLUB and will cheerfully conform to the By-laws and Regulations of this Club, and acknowledge that the POTENTATE OF EGYPT SHRINE governs this Club.

I am a member in good standing of Lodge _____ No. _____ located at

_____ located in the State/Province of _____

I do / do not wish to demit to Egypt Shrine (please circle)

I do / do not wish to become an associate member of Egypt Shrine (please circle)

Date of Birth _____ Hobby(s) _____ Wife's Name _____

Sponsor _____ Sponsor _____

Noble _____

(signature of applicant)

Annual Dues - \$20.00 to accompany this application. Additional donation: _____

Do you hold dual membership with another Temple? _____ Yes _____ No. If yes, please provide name of

Temple _____ and include a copy of your current dues card.

I would like to serve on the following committees: House() Clowns() Kitchen() Parade() Shrine Store()

Building/Grounds() Hospital Committee() Decorations()

Please include a copy of your current Blue Lodge and Shrine Temple Dues Cards