Name:			
Areas of Interest (check all that apply)	Are you interested in		
Are you  A Business Owner  A Fireman  A Paramedic  A Police Officer  A Corrections Officer  A Veteran or Current Military  A Doctor:  A Lawyer  A Technician:  A Railroader (any craft)  A PA State Employee	A Breakfast or Luncheon Club Antique or Classic Cars Being a Clown Bowling Business Networking Corvettes Computers / Technology Driving in a Parade Driving for the Hospitals Greeting People Horses Marching in Parades Media (all types) Motorcycles Playing in a Band Playing the Bagpipes Recreational Vehicles Rituals and Dramatics Singing in a Group Target Shooting		
☐ A Past Master  Jaffa County Clubs (check if you reside in area) ☐ Altoona (Blair County) ☐ Bedford County ☐ Cambria County ☐ Cameron County			
Centre County Clearfield County Clinton County Cove Area Dubois Area Fulton County	CREDIT CARD INFORMATION Visa MC Discover AMEX NAME: CREDIT CARD NUMBER:		
Huntingdon County Indiana County Jefferson County Johnstown Area Mifflin County Potter County	Exp. Date:  V-Code:  Total: \$  *4% CC processing fee will be added to total		
Somerset County  Westmoreland County  Other:	Authorizing Signature:		



## PETITION For

## Initiation and Membership

## **JAFFA SHRINERS**

2200 Broad Ave Altoona, PA 16601

Office: (814) 944-4043

www.jaffashriners.org www.jaffashrinecenter.com

Cost: \$250.00 (includes Fez)		
Fez Size:		
Shirt Size:		
Full Name:		
PETITION FOR INITIATION & MEMBERSHIP		
JAFFA SHRINERS		

## TO THE POTENTATE, OFFICERS AND NOBLES OF JAFFASHRINERS, SITUATED IN THE OASIS OF ALTOONA, DESERT OF PENNSYLVANIA:

I, the undersigned, hereb	y declare that I am a Master Mo	ason in good standing in_			
Lodge No	located at,				
Furthermore, I have reside Shriners International. I he Shriners. If granted memb	ized by or in amity with the Conf ed at my current address for not ereby make application to beco pership, I promise to conform to t aws and Ceremonies of Jaffa.	less than six months, as red me a Noble of the Order, o	quired by the Bylaws of and a member of Jaffa		
Birthplace:		Date of Birth:			
Were you ever DeMolay?	If so, what was the Chapter name and location?				
Profession or Occupation	:				
Have you previously appl	lied for admission to any Shrine Io	ocation of the order?			
If so, what Shrine location	on?When?				
Residence Address:					
	Street		City		
	County	State	Zip		
Business Address:	<u> </u>				
	Street		City		
	County	State	Zip		
Home Phone:	Cell Phone:				
Email Address:					
Lady's Name:	Lady's Cell Phone:				
Lady's Email Address:					
Date:	Signature:				
Recommended and Vou	ched for on the Honor of:				
Noble	Shrine No.				
Noble	Shrine No				