

TRIPOLI SHRINERS

To the Potentate, Officers and Nobles of Tripoli Shriners, situated in the City of Milwaukee, State of Wisconsin:

l,	the undersigned, hereby declare that I ar					
	print full name here.					
		Lodge No. located at				
	-				America, Interamerican Ma	
		-		-	erequisites for membership u	
•			•		ess for not less than 6 month	
	-				Noble of the Order and a menorporation and Bylaws of Shr	
	-	eremonies of your temple			i poracioni and bylaws or sin	mers
international	and the bylaws and e	cremones or your temple				
Have you pre	eviously applied for ad	mission to any temple of t	he Order?		Yes	No
If yes, what t	emple?	When				?
Print Full Na	me:					
Date of Birth		Profession /Occupation			Retired? Yes	No
		, i <u> </u>				
Residence:						
	(:f d:ff = ===+);	Street address, Coun	ty, City, State, Zip			
Mail Address	(if different):		dress, County, City, Sta	ite. Zip		
				,		
Home Phone:		Cell phone:Busi		Busines	s phone:	
Email:		Lady's Name: Email:				
Petitioner's S	lignature:				Date:, 20	
Recommended by: Noble		1	Vember No.	Print I	Name:	
		Signature				
Noble		Member No Print Name:		Name:		
		signature				
INITIA	TION BREADDOWN	Petitions 1/1 to 6/30	Petitions 7/1 t	o 10/31	Petitions 11/1 to 12/31	
Initiatio	n Fee & Fez	\$255.00	\$255.00		\$255.00	
Imperia	l Per Capita Fee	\$30.00	\$30.00		\$30.00	
Imperial Hospital Fee		\$5.00	\$5.00		\$5.00	
Tattler Fee		\$10.00	\$10.00		\$10.00	
Tripoli Dues		\$90.00	\$45.00		\$90.00 *	
TOTAL		\$390.00	\$345.00)	\$390.00	

3000 WEST WISCONSIN AVENUE MILWAUKEE, WISCONSIN 53208-3999 PHONE 414-933-4700 www.tripolishrinecenter.com