



Orak Temple

ANCIENT ARABIC ORDER
OF THE

NOBLES OF THE MYSTIC SHRINE

OF NORTH AMERICA

3848 N Frontage Rd., Michigan City, IN 46360 • Phone: 219-872-0485 • Fax: 219-872-0490

Orak Form Associate: Rev 5 - 12/22/2014

PETITION FOR ASSOCIATE MEMBERSHIP

TO THE POTENTATE, OFFICERS AND NOBLES OF ORAK SHRINE,
SITUATED IN THE OASIS OF MICHIGAN CITY, DESERT OF INDIANA:

I, (Print full name here) _____ of

Residence Address _____ City _____

County _____ State _____ Zip _____ Phone _____

Email _____ Home Fax _____

Birthplace _____ Date of Birth _____ Wife's Name _____

Profession or Occupation _____ Business Name _____

Business Address _____ City _____

County _____ State _____ Zip _____ Phone _____

Email _____ Fax _____

I, the undersigned, hereby declare that I am a Master Mason in good standing in _____ Lodge # _____
located at (City) _____ (State) _____

I, the undersigned, a Noble of the Mystic Shrine, initiated in _____ Shrine, located at _____
on _____ (date) and presently a member of the _____ Shrine located at _____,
being eligible under Sec. 323.10(a) for a demit, respectfully pray that I may be admitted as an associate member of your Shrine in
accordance with Sec. 323.7. I furthermore state that I have resided within the jurisdiction of your Shrine not less than six months, as
required by the By-Laws of the Imperial Council.

As additional information, I also declare I am a member in good standing in the following Masonic bodies:

Scottish Rite _____ Location _____

York Rite _____ Location _____

Other _____ Location _____

Were you ever a DeMolay? _____ If so, what Chapter & location? _____

DATE _____ SIGNATURE _____

RECOMMENDED AND VOUCHERED FOR ON THE HONOR OF

First Line Signer (Please print)

Second Line Signer (Please print)

Name _____

Name _____

Address _____

Address _____

City, St, Zip _____

City, St, Zip _____

Phone _____

Phone _____

Signature _____

Signature _____

*** REQUIRES PAYMENT OF THE DUES ONLY.
NO INITIATION FEE OR HOSPITAL ASSESSMENT ***

