



**PETITION FOR INITIATION AND MEMBERSHIP**  
**WA WA SHRINERS**  
**ANCIENT ARABIC ORDER OF THE NOBLES OF THE MYSTIC SHRINE**



To the Potentate, Officers and Nobles of WA WA SHRINERS, situated in Saskatchewan, Canada:

I, the undersigned, hereby declare that I am a Master Mason in good standing in \_\_\_\_\_ Lodge # \_\_\_\_\_ located at (city) \_\_\_\_\_, (Province) \_\_\_\_\_ which is a Lodge recognized by or in amity with the Conference of Grand Masters of North America. Furthermore, I have resided at my current address for not less than six months as required by the By-laws of the Imperial Council. I respectfully request that I may be made a Noble of the Mystic Shrine, and become a member of WA WA SHRINERS. If my request is granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of WA WA SHRINERS.

Please Print Full Name Here:

\_\_\_\_\_ (initials not sufficient)

Residence Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ Spouse's E-mail: \_\_\_\_\_

Were you ever a DeMolay? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Chapter (*name and location*) \_\_\_\_\_

Other Masonic memberships and affiliations (*names and locations*) \_\_\_\_\_

Have you ever previously applied for admission to any Temple of the Order? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what Temple? \_\_\_\_\_ When? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Fez (Hat) Size: \_\_\_\_\_

**As members of WA WA SHRINERS we recommend and vouch for the above petitioner.**

**Noble:** \_\_\_\_\_ **Noble:** \_\_\_\_\_ **Noble Card No.** \_\_\_\_\_  
Print Signature

**Noble:** \_\_\_\_\_ **Noble:** \_\_\_\_\_ **Noble Card No.** \_\_\_\_\_  
Print Signature

**Recorder's Record — please leave blank**

Initiation Fee Received: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Created a Noble on \_\_\_\_\_ Noble Card No. \_\_\_\_\_

**WA WA Shriners**  
**Pre Authorized Membership Dues Payment Plan**

WA WA Shriners has implemented an Automatic Dues Payment Program for annual membership dues. This program is being recommended and adopted by more and more temples throughout North America, as a method to reduce administrative costs and thereby keep our membership dues as low as possible.

If you already are having any utility bills or other bill payments being done by direct withdrawal from your bank account, then you are already familiar with this concept. For those of you who are not familiar with this process, the basics are that a noble will grant permission for the Temple to withdraw quarterly payments throughout the year and subsequent years, directly from a noble's bank account in order to pay for annual WA WA membership or Permanent Contributing Member (PCM) dues as stipulated in the Temple bylaws.

New members may enroll at any time during the year as long as current year's dues are paid in full. Ideally, payments would commence in the first possible quarter: February, April, June, August and the first payment amount would depend on the date enrolled. Breakdown below for a Regular member status (as per Temple Bylaw's) for pre-payment of 2024 Member dues at \$144.80.

However, during the 2017 Imperial Session, legislation was passed requiring all payment made to Shriners International be made in US Dollars. The exchange rate is selected on August 1<sup>st</sup> – the beginning of the newly established Shriners International fiscal year – and shall be valid until the following July 31<sup>st</sup> to ensure a consistent charge between dues notices. Pre-authorized Payment Plan (PAPP) members will see an increase/decrease on their final August payment to reflect this dues structure increase.\*

<b>WA WA SHRINERS MEMBERSHIP DUES 2024</b>			
<b>Noble Enrolls In</b>	<b>Next Quarterly Cycle</b>	<b>Initial QTR Payment</b>	<b>Subsequent QTR Payments</b>
2022	February 15	36.47	36.47
	April 15	36.47	72.94
	June 15	35.93*	108.87*
2023	August 15	35.93*	144.80*
*On August 1st, exchange rate calculation will be applied to Hospital Fees and Per Capita Fees portion of your membership dues.			

Subsequent year's membership dues would be deducted on the 15th banking day of February, April, June, and August at an amount equal to one quarter of the annual dues for the upcoming calendar year as per Temple Bylaws.

All electronic information is retained ONLY on the Bank of Nova Scotia secure website – no electronic banking information is maintained on any WA WA computer. The signed authorization forms will be stored in a safety deposit box at the Bank of Nova Scotia.

To enroll in this plan, please sign the form on the reverse side of this page and return to the Recorder along with a voided cheque. If you no longer use cheques, your bank can supply you with a Pre-Authorized Payment form that can be sent to us.

If you have any questions or concerns regarding this program, please do not hesitate to contact the Temple office at 306-569-2294.

# WA WA Shriners

## Mid Year Pre-authorized Payment Plan (PAPP) Agreement

Noble Name \_\_\_\_\_ Membership # \_\_\_\_\_  
(Please print)

Email Address \_\_\_\_\_

As I am registering for the PAPP after the first quarterly payment deadline has passed (Feb 15), I agree that on the next quarterly payment cycle (either April 15 OR June 15 OR August 15), I, the undersigned, hereby authorize WA WA Shriners to withdraw from my bank account one payment equal to a multiple of the missed quarterly payments for membership or PCM dues as identified in the Temple bylaws. I further authorize quarterly payments for the balance of the current and ensuing years membership dues or PCM dues, the amounts of which are identified in the Temple bylaws, on February 15, April 15, June 15 and August 15 of next and subsequent calendar years.

This authorization remains in effect until WA WA Shriners has received written notification from me of a change or termination. This notification must be received, at the WA WA Shriners office, at least ten (10) business days before the next payment is scheduled.

**I acknowledge and agree that if any payment is refused by my bank, WA WA Shriners may resubmit a payment request to my bank as soon as possible.**

I have certain recourse rights if any payment does not comply with this Agreement. For example, I have the right to receive reimbursement for any pre-authorized payment that is not authorized or is not consistent with this Preauthorized Agreement.

These services are for membership dues payments only.

**PLEASE ATTACH A VOID CHEQUE. PLEASE WRITE THE WORD "VOID" ON THE CHEQUE. IMPORTANT - Credit line and credit card void cheques are not accepted.**

**The void cheque must clearly indicate the names and addresses of the customer and the financial institution.**

\_\_\_\_\_  
**Noble authorizing signature**

\_\_\_\_\_  
**Date of Signing**

I confirm that we have read this document in its entirety before signing it.

I request that confirmation of the amount and first date of withdrawal is to be emailed to me.

WA WA Shriners – 2065 Hamilton Street Regina SK S4P 2E1

Temple Office Audit Confirmation	
Date of Audit Confirmation	