

PETITION FOR INITIATION AND MEMBERSHIP



Araba Motor Escort Patrol

2010 Hanson Street
Ft. Myers, Fl. 33901

Phone 239-334-2226

Fax 239-334-4010

Application Date: ___ / ___ / ___
Month Day Year

You are about to petition this premier Motorcycle Unit of the Araba Shrine. You will be required to purchase uniforms, hardware and pay dues and assessments in a timely manner and fashion. The Motor Escort Patrol unit requires participation for all unit functions. You will be on probation for the first year after you become a member. Our meeting is the 1st Tuesday of each month at 7:00PM in our unit room at the Temple. We look forward to having you as a member

Print Full Name _____ Nickname _____

Print Address: _____

State _____ Zip _____

Date of Birth _____ Home Phone _____

Work phone _____ Cell Phone _____

Occupation _____ Email _____

Ladies Name _____ Date of Birth _____

Children Name(s) _____

Do You own a Motorcycle _____ Make _____ Model _____

Year _____ Color _____ VIN # _____ Tag _____

Do you plan to attend all Motor Escort functions? _____

Personal reasons for wanting to join this unit _____

Masonic History: Lodge _____ No. _____ Date _____

Shrine _____ Temple# _____ Date _____

Do you agree, if accepted, to abide by all orders and instructions given by or coming from Araba Shrine center or the Colonel of the Araba Motor Escort patrol? _____

Signature of applicant

Name of (2) Two Sponsors who are active/life Members of the Araba Shriners Motor Escort patrol Unit

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Signature of Investigative Committee _____ Print Name _____

Report of committee _____

Motor Escort Unit decision _____

Colonel Decision _____

Signature of Colonel