

MOTORCYCLE TOURING UNIT



ZEMBO SHRINE A.A.O.N.M.S., HARRISBURG, PENNSYLVANIA

P E T I T I O N F O R M E M B E R S H I P

PRINT NAME IN FULL: _____
(LAST) (FIRST) (M.I.) (NICKNAME)

\$25.00

SPOUSE NAME IN FULL: _____
(LAST) (FIRST) (M.I.) (NICKNAME)

E-Mail Address: _____

ADDRESS: _____
(ST. OR BOX NO.) (TOWN) (STATE) (ZIP)

C-Phone Number: _____

RESIDENCE PHONE: _____ DATE OF BIRTH: _____
(AREA CODE) (NO.) (MO/DAY/YEAR)

Fax Number: _____

OCCUPATION: _____ BUSINESS PHONE: _____
(AREA CODE) (NO.)

I am a member of _____ Shrine. My Shrine Membership Number is _____. I will if elected to the membership of the Zembo Motorcycle Touring Unit, abide by all rules, regulations and By Laws of the organization.

SIGNATURE _____ DATE _____

RECOMMENDED BY _____ DATE _____ SHRINE MEMBERSHIP NUMBER _____

APPROVED/DISAPPROVED FOR MEMBERSHIP AT THE _____ STATED MEETING.
(DATE)

SECRETARY

ZEMBO



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