



Date_____

I hereby make application for membership in the Chesapeake Shrine Club:

Name_____

Address - Residence Street_____

City_____ State_____ Zip Code_____

Phone_____

Name_____

Address - Business Street_____

City_____ State_____ Zip Code_____

Phone_____

Member of _____Shrine/Temple

Initiation Fee_____

Annual Dues_____

Total Paid_____

Signed_____

Recommended By:

1-Nobles Name_____

2-Nobles Name_____

Please Mail Petition to: Chesapeake Shrine Club, 645 Woodlake Dr., Chesapeake, VA 23320