

Print Name: ____

To the Potentate, Officers and No	bles of Bahia Shriners, situated in Apopka	, State of Florida:	
l,Print full name	, a former member of your s	Shrine Center, respectfully request that I	
may be restored to membership.			
I have liquidated all indebtedness	to the temple and if my request be grant	ed I promise to conform to the Articles of	
Incorporation and the Bylaws of S	Shriners International and the Bylaws and	Ceremonies of your temple. I furthermore	į
declare that I am a Master Mason in good standing in		Lodge Nolocated	
in	(City)(State), which meets the reco	gnized standards of the Conference of	
Grand Masters in North America,	InterAmerican Masonic Confederation of	the World Conference of Grand Lodges.	
Birthplace:	Date of Birth:		
Profession/Occupation:	<u>R</u>	Fees	
Address:			
Home Phone:	Cell Phone:	Bahia Dues (current year) \$143.0 Imperial (2 years) Hospital Levy \$10.00 Imperial per Capita \$60.00 Total \$70.00	0
		Total Ceremonial Fees \$213.0	
Full Name of Lady:	//	**after Oct 1, your following years	
Cell Phone:	Email:	dues needs to be included in the \$1 (\$143 + \$177 = \$320)	
Date: Signature:		(9249 + 9217 = 9320)	
RECOMMENDED AND VOUCHED R	FOR ON THE HONOR OF:		
Noble (Signature):	Bahia Member No.:	19	
Print Name:		<u>//_</u>	
Noble (Signature):	Bahia Member No.:	· 	

PLEASE ATTACH A COPY OF YOUR CURRENT BLUE LODGE MEMBERSHIP CARD Questions please contact the office at 407-660-8811 3101 E. Semoran Blvd, Apopka, FL 32703