

To the Potentate, Officers and Not	bles of Bahia Shriners, situated in Apo	opka, State of Florida:	
l,	, a former member of your Shrine Center,		
respectfully request that I May be			
I have liquidated all indebtedness	to the temple and if my request be g	granted I promise to	
conform to the Articles of Incorpo	ration and the Bylaws of Shriners Int	ernational and the	
Bylaws and Ceremonies of your te	emple. I furthermore declare that I an	m a Master Mason in	
good standing in	Lodge No(City)( State), which meets the	located	
in	(City)( State), which meets the	e recognized standards	
of the Conference of Grand Maste	ers in North America, InterAmerican N	Masonic Confederation	
of the World Conference of Grand	Lodges.	\$213	
		RESTORATION FEE	
Birthplace:		CURRENT YEAR ONLY	
Date of Birth:			
Profession/Occupation:	69		
Address:			
Home Phone:	Cell Phone:		
Email:			
Full Name of Lady:			
Cell Phone:	Email:		
Date: Signature			
RECOMMENDED AND VOUCHED	FOR ON THE HONOR OF:		
Noble (Signature):	Bahia Member No.:	Bahia Member No.:	
Print Name:			
		Bahia Member No.:	
Print Name:			

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