



**APPLICATION FOR  
PERMANENT CONTRIBUTING MEMBERSHIP  
TO SHRINERS HOSPITALS FOR CHILDREN**



To the Potentate, Officers and Nobles of Karem Shrine Temple, situated in the Oasis of  
Waco, Desert of Texas  
I, the undersigned, hereby declare that I am a **Noble of the Karem Shrine** in good standing in

Karem Shrine No. \_\_\_\_ located at Waco, Texas  
Print Name of Shrine City State

I am a member in good standing of \_\_\_\_\_ Lodge No. \_\_\_\_ located at \_\_\_\_\_, \_\_\_\_\_  
Print Name of Lodge City State

Print your name in Full using middle name \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Profession / occupation \_\_\_\_\_ Member of Scottish Rite \_\_\_\_\_ York Rite \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City County State Zip

Business Address \_\_\_\_\_  
Street City County State Zip

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Wife's name \_\_\_\_\_

**In accordance with Imperial Council Law § 332.4 Hospital Permanent Contributing Membership**

- (a) **Amount.** A member may purchase for **\$150.00** a Permanent Contributing Membership in the Hospitals, receive a certificate therefore from the Recorder of the Shrine and be exempt from further hospital levy.
- (b) **Exemption.** The Shrine Recorder shall enter on his record the exemption from future hospital levy of all members holding a fully paid Permanent Contributing Membership certificate.
- (c) **Remission.** The Shrine Recorder shall promptly remit all sums received by him for permanent contributing membership to the Imperial Treasurer for deposit to the account of the Hospital.

I therefore wish to have my name recorded as a Permanent Contributing Member of the Hospitals, received my certificate and hereafter be exempt from any further hospital levy.

Enclosed is my check or money order made out to **Karem Shrine** in the amount of **\$150.00** and marked for becoming a PCM member. You may also use your Credit Card to pay for a PCM membership, please include the

Type of Credit Card \_\_\_\_\_, the number \_\_\_\_\_ and date of expiration \_\_\_\_\_

Date \_\_\_\_\_ Signature in full of member \_\_\_\_\_

.....  
**INFORMATION BELOW THIS LINE TO BE FILLED OUT BY SHRINE OFFICE**

Date Received \_\_\_\_\_ Check No. \_\_\_\_\_ Credit Card \_\_\_\_\_

Member Shrine Number \_\_\_\_\_ Date Created \_\_\_\_\_ Initials of Employee \_\_\_\_\_