



Application for Membership to the

ZUHRAH MARINERS

2540 Park Avenue, Minneapolis, MN 55404



Date of Application: _____ Shrine Number: _____

Name of Applicant: _____

Date of Birth: _____ Place: _____

Your Ladies Name: _____

Residence: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Profession: _____

E-mail Address: _____

Do you have a vehicle that could pull a 24ft enclosed snowmobile trailer: _____

PLEASE READ CAREFULLY

In submitting this application for membership, I agree to abide by all the regulations and requirements of this organization as indicated in the By-Laws of the organization. Also to take special note of the following requirements:

1. That this application is subject to the usual investigation and to a vote by the Active Members of the Mariners.
2. That I will not purchase any part of the accepted uniform or equipment while an applicant or accepted applicant without authorized permission.
3. All fees and current annual dues accompany this application.
4. That I must obtain the signature of two members of the Mariners in the space provided in this application.

Signature: _____

Recommended by: 1.) _____

2.) _____

"WE RIDE FOR THE BENEFIT OF CHILDREN"

www.ZuhrahMariners.org