

Philae Shriners Fine Spirits Tasting Unit

Application form

Name: _____ DOB ____/____/____

Temple _____ Membership number _____

Address _____

Email _____

Phone number home (____) _____

Phone number alternate (____) _____

Emergency contact name _____ Number (____) _____

Do you profess that you will:

1. Promote a closer fraternal and social relationship among our members? Yes _____ No _____

2. Spread the joy of experiencing fine spirits? Yes _____ No _____

3. Participate in the education characteristics customs and other attributes of fine spirits? Yes _____ No _____

4. Promote growth in membership of Philae Shriners by advancing the fraternal aspects of Shriners

International? Yes _____ No _____

5. Ensure the activities of the unit members are not perverted to intemperance or excess? Yes _____ No _____

6. Devote your efforts as a Fine Spirits Tasting Unit member? Yes _____ No _____

7. Serve our Illustrious Potentate in every possible way and to assist in every way to contribute to the betterment of Philae Shriners? Yes _____ No _____

Signed _____ Date ____/____/____

Fees paid? _____

Approved by the executive committee _____ Date ____/____/____