

Aladdin Shrine Life Membership Remittance Form

Aladdin Membership Office,

I, Noble _____, member number _____
hereby apply for the indicated Life Membership in Aladdin Shrine and the Shrine
of North America.

- ☐ Aladdin Shrine Life Membership at the fee of \$1,080.
(Write check payable to Aladdin Shrine)
- ☐ Aladdin Shrine Life Membership for Nobles over the age of 65 at the fee of
\$540. (Write check payable to Aladdin Shrine)
- ☐ Imperial Per Capita Life Membership at the fee of \$450.
(Write check payable to Aladdin Shrine)
- ☐ Imperial Permanent Contributing Membership at the fee of \$150.
(Write check payable to Shriners Hospital for Children)

Enclosed is my total payment of \$_____ for the indicated Life
Membership(s).