

APPLICATION FOR MEMBERSHIP



OASIS PATROL

DATE SUBMITTED _____ DATE ADMITTED _____

Last Name	First Name	MI	Wife's Name
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Home Address	City	Zip Code (9 digit, please)
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Office Address	City	Zip Code (9 digit, please)
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Home Phone w/Area Code	Office Phone w/Area Code	Fax Number w/Area Code
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eMail Address	<input type="checkbox"/> Mail Preference	<input type="checkbox"/> Home	<input type="checkbox"/> Office
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Employer:	Type of Business
Position Held	Wedding Anniversary Date

Your Birthday	Month	Day	Year	City	State
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Your wife's	Month	Day	Year	City	State
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Ages of your children					
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Vital Stats	Height	Weight	Hat Size	Neck	T Shirt
	Coat	Sleeves	Waist	Inseem	Shoe

Your hobbies	<input type="checkbox"/> Golf	<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hunting	<input type="checkbox"/> Boating	<input type="checkbox"/> other
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Blue Lodge	Number	Location
Highest Office Held	Year	Dues Current

Al Malaikah Shriners	Highest Office Held	Year(s)	Dues Current
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Chapter Name & Location	Highest Office Held	Dues Current through
Commandery Name & Location	Highest Office Held	Dues Current through
Council Name & Location	Highest Office Held	Dues Current through

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 e-Mail OASISPATROL@ALMALAIKAH.COM

**AL MALAIKAH OASIS PATROL
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Scottish Rite Valley	Highest Office Held	Dues Current through
Shrine Club(s)	Highest Office Held	Dues Current through

Other Civic & Fraternal Organizations in which you have been a member

Name	Office Held
Name	Office Held

Do you feel that you are able to meet the financial requirements of Patrol membership without creating any family burden

Does your wife support you joining the Oasis Patrol

Is there any logical reason why you would be unable to attend regular drills and dinner meetings on Monday evenings, as well as regular Uniformed functions of this Shrine Center during the year?

Have you ever had a heart attack or CVA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Attach explanation, if necessary</i>
Have you ever had a serious illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you consider yourself to be in good health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

In your considered opinion... do you feel capable a making a 4 mile march on a hot day, with no detrimental physical effect ? Yes No

Character References – 2 Masonic + 2 personal

Name & Address	Home & Business Numbers
Name & Address	Home & Business Numbers
Name & Address	Home & Business Numbers
Name & Address	Home & Business Numbers

I CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Name (Print)	Signature	Date
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Sponsor – Must be an Oasis Patrol Regular)	Date
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Membership Committee

Chairman	2	3	4	5
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Captain	Secretary	Date
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