

- Vision -

Transforming lives through a culture of giving and participation.

- Mission -

To serve mankind through the resources of its great philanthropy, the Shriners Hospitals for Children.



Shrine Costs

Shrine Initiation
One time fee*

El Riad Dues
Annual fees apply*

Unit Dues
Varies within each unit

*inquire for current prices

Return completed petition to:

El Riad Shrine
510 South Phillips Avenue
Sioux Falls, SD 57104



Shriners
Children's™

Join the world's best fraternity and philanthropy!



Phone: (605) 336-1117

Fax: (605) 336-3059

membership@elriad.com
510 S. Phillips Ave., Sioux Falls, SD 57104-6825

elriad.org/membership



Official Use:

Fee: \$_____ Paid: \$_____ (Cash/Check/CC)

Fez Size: _____

Petition for Membership



El Riad Shrine
A.A.O.N.M.S.



ElRiad.org

Ceremonial Date(s):

To the Potentate, Officers and Nobles of El Riad Shrine situated in the Oasis of Sioux Falls, Desert of South Dakota, I, the undersigned, hereby declare that I am a Master Mason in good standing in _____ Lodge # _____, located in _____ which is a Lodge recognized by or in amity with the Conference of Grand Masters of North America.

Furthermore, I have resided at my current address for not less than six months, as required by the Bylaws of the Imperial Council. I respectfully pray that I may be made a Noble of the Mystic Shrine, and become a member of your temple. If I am found worthy, and my request is granted, I promise to conform to the Articles of Incorporation and Bylaws of the Imperial Council and the Bylaws and Ceremonies of your temple.



Full Name

(print full name)

Residence

(street address)

(city) (state) (zip)

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Business Phone (_____) _____ - _____

Lady's Name _____

Email _____

Birthplace _____ , _____

Date of Birth _____ / _____ / _____

Occupation _____

(business name)



Have you previously applied for admission to any Temple of the Order? ☐ Yes ☐ No

If so, what location? _____
When? _____

(Signed)

_____/_____/_____
(Petition date)

Recommended and vouched for on the honor of:

(Noble's PRINTED Name)

(Signature) (Member #)

(Noble's PRINTED Name)

(Signature) (Member #)