

**EL ZARIBAH MOUNTED PATROL MEMBERSHIP APPLICATION**

NAME (NOBLE) \_\_\_\_\_ Birthday \_\_\_\_\_

Month/Day

ADDRESS \_\_\_\_\_

LADY \_\_\_\_\_ Birthday \_\_\_\_\_

Month/Day

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS \_\_\_\_\_

(Name and Address)

Name of Blue Lodge \_\_\_\_\_ Dues Paid? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Scottish/York Rite \_\_\_\_\_ Dues Paid? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of El Zaribah Shrine Membership \_\_\_\_\_ Dues Paid? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU OWN A HORSE AS SPECIFIED IN PARAGRAPH #8 OF THE BY-LAWS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU OWN A TRAILER? \_\_\_\_\_ IF NOT, HOW WILL THE HORSE BE TRANSPORTED TO ACTIVITIES? \_\_\_\_\_

WHAT OTHER RIDING GROUPS DO YOU BELONG TO? Please list: \_\_\_\_\_

IF THE MOUNTED PATROL AND THE ABOVE GROUP(S) HAD THE SAME ACTIVITY ON THE SAME DAY, WHO WOULD YOU RIDE WITH? \_\_\_\_\_

WHAT COMMITTEES WOULD YOU BE WILLING TO HELP WITH IN YOUR UNIT? Please check below:

TELEPHONE \_\_\_\_\_ FOOD \_\_\_\_\_ REFRESHMENT WAGON \_\_\_\_\_

PARADE \_\_\_\_\_ DRILL TEAM \_\_\_\_\_ TRAIL RIDES \_\_\_\_\_

CHAPLAIN \_\_\_\_\_ EQUIPMENT \_\_\_\_\_ SICKNESS & DISTRESS \_\_\_\_\_

MEMBERSHIP WAYS & MEANS \_\_\_\_\_

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_

PROPOSED BY NOBLE \_\_\_\_\_

COMMENTS: MEMBERSHIP COMMITTEE \_\_\_\_\_

COMMENTS: EQUIPMENT COMMITTEE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: DATE YOU BECAME A MEMBER IN THE PATROL \_\_\_\_\_

OFFICES YOU HAVE HELD IN THIS UNIT & DATE Please list all: \_\_\_\_\_

HONARY MEMBER \_\_\_\_\_ LIFETIME MEMBER \_\_\_\_\_ YEAR \_\_\_\_\_

PATROLMAN OF THE YEAR \_\_\_\_\_ YEAR \_\_\_\_\_ RIDER \_\_\_\_\_ NON-RIDER \_\_\_\_\_