



Bektash Shrine

Clowns

Clown Membership Application

Name: _____ Birth Date: (mm/dd/yy) _____

Address: _____

Telephone: (Home) _____ (Office) _____

Your Occupation: _____

Wife or Significant Other's Name: _____ Birth Date: (mm/dd) _____

1. Using the reverse side, please give, in essay form, your reasons for wanting to join the Clown Unit.
2. What type of Clown do you want to be? (Tramp/Hobo, Whiteface, Auguste, or Character) Circle one.
3. Do you have a clown name?
4. Are you agreeable to an initiation ceremony that will in no way embarrass you or your family or have any conflict with your beliefs (religious or political) nor be detrimental to your health? Yes or No

Required fees will be:

- Initiation Fee - \$50.00
- Local Unit Dues \$ 5.00
- I.S.C.A Dues \$25.00
- Total \$80.00

Signed: _____

Dated: _____

RETURN THIS FORM WITH CHECK FOR FEES TO THE SECRETARY. The check shall be made out to:
Bektash Shrine Clowns.