A.E.A.O.N.M.S.™
Ancient Egyptian Arabic Order Nobles Mystic Shrine

APPLICANT FELONY WAIVER REQUEST

Request for waiver of Felony Conviction provision of membership requirement in the Ancient Egyptian Arabic Order Nobles Mystic Shrine of North and South America and its Jurisdiction, Inc.

Request I be granted a waiver of my felony conviction and I be permitted to petition and become a member of the A.E.A.O.N.M.S. I have read and understand the waiver process and procedures and I am submitting the required documents and statements. I further understand the waiver request may be disapproved and my request for membership denied.

(PLEASE TYPE OR PRINT CLEARLY)

FULL NAME:

First_____Middle_____Last_____

MAILING ADDRESS:

Street_____

City_____State_____Zip Code_____

PHONE NUMBER:

HOME_____ OFFICE _____MOBILE _____

ADDRESS AT TIME OF CONVICTION:

Street_____

City_____State_____Zip Code_____

CITY and STATE WHERE CRIME OCCURRED:

CITY _____ STATE_____

COURT, CITY and STATE WHERE CONVICTED:

COURT _____
PLEASE STATE CITY, COUNTY, STATE, OR FEDERAL

DATE OF CONVICTION:

MONTH _____DAY____ Year _____

SENTENCE IMPOSED _____

DATES CONFINED;

FROM:

MONTH _____ DAY ___YEAR _____

TO:

MONTH _____ DAY ___YEAR _____

RELEASED TO PAROLE: YES _ NO _ MONTH_____DAY___YEAR____

PAROLE COMPLETE: YES __ NO __ MONTH_____DAY___YEAR_____

RESTITUTION MADE: N/A_YES _ NO _ MONTH_____DAY___YEAR____

SIGNATURE DATE

(Person requesting the waiver MUST sign this request in the presence of a member or members of the Temple Investigation Committee)

Request must be submitted with all documents and statements submitted to the Imperial Council Felony Waiver Committee.