



SCOTTISH RITE RESEARCH SOCIETY
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2012

Membership Application/Renewal

PERSONAL INFORMATION

Name (Last, First, Middle)

Mailing Address

Apt. #

City

State

Zip Code

Home Tel. (area code + number)

Work Tel.

Email

Date of Birth

Masonic Membership:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Not a Mason | <input type="checkbox"/> 33° |
| <input type="checkbox"/> 32° | <input type="checkbox"/> Grand Cross |
| <input type="checkbox"/> KCCH | <input type="checkbox"/> Other ____° |

ENROLLMENT

Type:

- ☐ New Membership
☐ Renewal (member #) _____

Duration:

- ☐ One year \$52
☐ Life (individuals only) \$1,300

PAYMENT INFORMATION

Method of Payment:

- ☐ Check
☐ Money Order
☐ Credit Card

Domestic checks (U.S. Banks Only, please), or you may charge your Scottish Rite Research Society annual or life membership to your Scottish Rite VISA card or any VISA, MasterCard, American Express, or Discover card.

For Credit Cards, please indicate card type:

- ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Card #

Exp. Date

Signature

Please mail this form to the address indicated above.

For Office
Use Only

Check # _____ Card? _____
Date Added _____ # _____