



**SCOTTISH RITE RESEARCH SOCIETY**  
 1733 Sixteenth Street, NW | Washington, DC 20009-3103  
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# 2011

## Membership Application/Renewal

### PERSONAL INFORMATION

Name (Last, First, Middle)

Mailing Address

Apt. #

City

State

Zip Code

Home Tel. (area code + number)

Work Tel.

Email

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 _____° |

Date of Birth

### ENROLLMENT

Type:

- |   |
|---|
| <input type="checkbox"/> New Membership           |
| <input type="checkbox"/> Renewal (member #) _____ |

Duration:

- |  |         |
|--|---------|
| <input type="checkbox"/> One year .....                | \$52    |
| <input type="checkbox"/> Life (individuals only) ..... | \$1,300 |

### PAYMENT INFORMATION

Method of Payment:

- |                                      |
|--------------------------------------|
| <input type="checkbox"/> Check       |
| <input type="checkbox"/> Money Order |
| <input type="checkbox"/> 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:

- |                               |                                   |                                     |   |
|-------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
|-------------------------------|-----------------------------------|-------------------------------------|---|

Card #

Exp. Date

Signature

Please mail this form to the address indicated above.

For Office  
Use Only

Check # _____	Card? _____
Date Added _____	# _____