



SCOTTISH RITE RESEARCH SOCIETY

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2019

MEMBERSHIP APPLICATION / RENEWAL

PERSONAL INFORMATION

Name (*Last, First Middle*)

Mailing Address

Apt. #

City

State

ZIP Code

Home Tel. (*area code + number*)

Work Tel. (*area code + number*)

Email

Date of Birth

- Not a Mason
- 33°
- 32°
- Grand Cross
- KCCH
- Other ____°

ENROLLMENT

- New Membership
- Renewal (*member #*) _____

- One year \$55
- Life (*individuals only*) . . . \$1,375

PAYMENT INFORMATION

Domestic checks (U.S. banks only, please), or you may charge to your VISA, MasterCard, American Express, or Discover card.

- Check
- Money Order
- Credit Card

For credit cards, please indicate card type:

- Visa
- Discover
- MasterCard
- American Express

Card #

Exp. Date

Signature

For Office
Use Only

Check # _____	Card? _____
Date Added _____	# _____