



## Scottish Rite

### Life Membership Installment Purchase Plan

Name: \_\_\_\_\_ SRIDNo.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Valley: Minneapolis \_\_\_\_\_ Orient: Minnesota

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dues: \$\_\_\_\_ Cost of Life Membership \$\_\_\_\_

VISA/MasterCard: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

1. I understand that my credit card will be charged \$\_\_\_\_\_ monthly (\$25 minimum)
  - a) until my life membership purchase is completed and
  - b) for all annual dues during the installment period.
2. If I stop payment before completing the above installments, all monies will be credited to my Valley membership account and I will receive no cash refund.
3. Following submission of this form, my credit card will be charged during the first week of the month every month until all payments are completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to Supreme Council, **33°**, Attn: Membership Development, 1733 16th St, N.W., Washington, DC 20009-3103, tel 202-232-3579, fax: 202-387-1843 – via your local Valley Secretary.