



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.