
**APPLICATION FOR MEMBERSHIP
IN THE BILLINGS SCOTTISH RITE
365 CLUB**

TO: Secretary

Billings Scottish Rite
514 14th Street West
Billings, MT 59102

Tax I.D.: 81-0534155

PLEASE enroll or renew my membership in the Eugene F. Herman Scottish Rite Childhood Language Disorder Clinic Inc. **365 Club**. Enclosed find my check for my initial or periodic contribution in the amount of \$_____. I state my intention to contribute (annually)(semiannually)(quarterly) or (monthly) so that my contributions constitute at least \$1 per day each calendar year as my circumstances dictate for as long as I deem appropriate. [Circle the appropriate time interval]

Dated this ____ day of _____ 20__.

[Printed name]

[Signature]

Address: _____

Phone: _____

email: _____

Phone Scottish Rite (406) 259-6683

Email Scottish Rite: secretary@billingscottishrite.com

Web site for charity: www.ritecarebillings.org
