



MEMBERSHIP APPLICATION

(Please type or print)

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ (H) _____ (C) _____ (Fax)

Email: _____

Consistory Name and Number *(if applicable)* _____

Orient: _____ Valley: _____

Jurisdiction: NMJ () SMJ () Other _____

Signature of Applicant _____

(By signing, you certify that all information given is true and correct)

Application fee is \$35.00. Annual dues thereafter shall be \$35.00, payable on or before January of each year. A membership due entitles you to membership on the Facebook group and a hard copy of the SRRI magazine when available.

Amount enclosed _____

Please make check or Money Order payable to: The Scottish Rite Research Institute (PHA)

Mail to:
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Secretary SRRI
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Wintersville, Ohio 43953-3940