

MEMBERSHIP APPLICATION

I would like to become a member of the Missouri Lodge of Research

Name: _____ Blue Lodge: _____

Address: _____ Phone: _____

City, State, Zip: _____

E-Mail: _____

Date Sent: _____ Check Number: _____

Amount of Check: _____

Yearly Membership Dues **\$20.00**

This includes the Missouri Lodge of Research Publication for the current year.

Or

You may also purchase an Endowed Membership at the cost of **\$500.00**.

This will allow you to receive the Missouri Lodge of Research Publication yearly and will alleviate having to pay dues each year.

Please make check payable to the Missouri Lodge of Research and send to the following address:

**Ronald D. Miller, Secretary/Treasurer
6033 Masonic Dr. Suite B
Columbia, MO 65202-6535**

If you have any concerns or questions, please contact me at 573-474-8561 or rmiller@momason.org.