

The Billings Petroleum Club

P.O. Box 1957
Billings, MT 59103
406-252-6700

APPLICATION FOR MEMBERSHIP IN THE BILLINGS PETROLEUM CLUB

TO THE SECRETARY:

I, _____ hereby make application for membership in *The BILLINGS PETROLEUM CLUB*, a Montana nonprofit corporation serving the Business Community of Billings and the Rocky Mountain Region, and if accepted I promise to comply with the By-Laws and other rules and regulations of the Club as presently set down, or as may hereafter be adopted for the regulation and government of the Club.

I agree to pay all membership fees, dues and minimum charges as adopted for membership, and upon my failure to do so I understand that my membership is subject to suspension, cancellation or other action as disclosed by the By-Laws of the Club.

I further agree that the Club shall not be liable for any claim that may arise from any act of mine, accidental or otherwise, which may result from my membership or while exercising my privileges of membership, unless otherwise provided in the By-Laws.

Name _____ Social Security Number _____

Occupation _____ Company (Name) Affiliation _____

Residence Address _____ City _____ State _____ Zip Code _____

Business Address _____ City _____ State _____ Zip Code _____

Preferred Mailing Address _____ Spouse (full name) _____

Home Telephone Number _____ Business Telephone Number _____

Fax Number _____ e-mail Address _____

Membership (Circle one)	Resident	Company	Associate*	Senior (over 70)	Junior (under 35)	Non-Resident	Lifetime
Monthly dues	\$55.00	\$60.00	\$40.00	\$35.00	\$25.00	\$240.00/year	\$5000.00

Date of Birth _____ Attached is my check in the amount of \$ _____ in payment of the first month's dues.

Signature _____ Date _____

Officer of company (must sign if for Company or Associate membership) _____

(*up to four Associate Members, paying \$40/month, are allowed for Employees or Partners of a Company Member)

Recommended by (please print) _____

For Office Use Only

Proposer* _____ Membership number _____

Seconder _____ Membership number _____

Date Application received _____ Check Number _____ Amount \$ _____

App/Dec _____ Membership Status _____ Member Number _____

"Feel free to share copies of this application form and encourage your friends to join the club"