

BILLINGS & PETROLEUM CLUB
MEMBERSHIP APPLICATION
P.O. Box 1957
Billings, MT 59103
406-252-6700

Manager: Jacob Kellert	Assistant Manager: Jenny Woodward
Executive Chef: Lance Johnson	
<u>Officers & Directors:</u>	
Rob Balsam – President	Art Geiger – Vice President
Duane Smith – Treasurer	Bruce Posey - Secretary
David Brown - Past President	
Patrick Beddow	Chad Lippert
Bonnie Daniels	Dick Padon
Gary Hughs	Jeannine Schalla
Dave Kinnard	

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 _____ Date of Birth _____ Spouse _____

Company _____ Occupation/Title _____

Home Address _____ City _____ State _____ Zip Code _____

Business Address _____ City _____ State _____ Zip Code _____

Other Address _____ City _____ State _____ Zip Code _____

Preferred Mailing Address (circle one) Home Buisness Other

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 \$100.00 \$20.00 \$35.00 \$25.00 \$240.00/year \$5000.00

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

All memberships levels excluding Non-Resident are subject to a ninety-dollar quarterly minimum.

Signature _____ Date _____

*Officer of company (must sign for Company or Associate memberships) _____

Recommended by (please print) _____

Awareness of our members' interests helps us serve you better. Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Lunch & Dinner Service | <input type="checkbox"/> Fashion Show | <input type="checkbox"/> Business Lunches |
| <input type="checkbox"/> Live Music/Dinner Dances | <input type="checkbox"/> Sports Nights | <input type="checkbox"/> Private Parties (Birthday, Anniversary, Holiday, etc) |
| <input type="checkbox"/> Wine Tastings | <input type="checkbox"/> Holiday Buffets | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gourmet Dinners | <input type="checkbox"/> Business Presentations/ | |
| <input type="checkbox"/> Cooking Classes | Trainings | |

<u>For office use only</u>	<input type="checkbox"/> CD	<input type="checkbox"/> POS	Member # _____
Date Received: _____	By: _____	Payment Type: _____	
Date Processed: _____	By: _____	Amount: _____	
Quarter begins #1-1040 Apr/Jul/Oct/Jan #1041-1575 May/Aug/Nov/Feb #1576 + Mar/Jun/Sep/Dec			

"FEEL FREE TO SHARE COPIES OF THIS APPLICATION FORM AND ENCOURAGE YOUR FRIENDS TO JOIN THE CLUB."