



PETROLEUM CLUB

BILLINGS

To The Secretary:

I, _____, would like to join **THE BILLINGS PETROLEUM CLUB**, a Montana nonprofit corporation serving the business community of Billings and the Rocky Mountain region. If accepted as a member, I will comply with current bylaws and other rules and regulations of the Club, and those that may be adopted by the board of directors.

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 prescribed by the bylaws of the Club.

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

Name _____ Date of Birth _____ Spouse's Name _____

Company _____ Occupation/Title _____

Home Address _____ City _____ State _____ Zip Code _____

Business Address _____ City _____ State _____ Zip Code _____

Preferred Mailing Address (check one) Home Business

Home Telephone Number _____ Business Telephone Number _____

Fax Number _____ Business Telephone Number _____

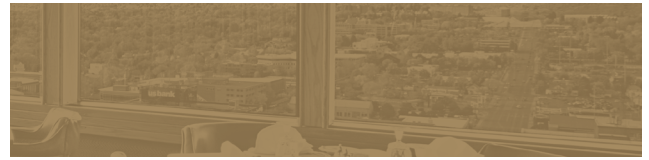
Membership Monthly Dues (check one):

- Resident \$60 Corporate \$105* Associate \$25*
- Senior (over 70) \$40 Junior (under 35) \$30
- Non-Resident (residing outside Yellowstone County) \$300/year
- Lifetime \$5,000 / one-time payment

Attached is my payment in the amount of \$_____ for the first month dues.

All membership levels, excluding Non-Resident, are subject to a \$90 quarterly minimum.

See reverse for payment options



AUTO PAY

Credit Card # _____ Expiration Date _____ Billing Zip Code _____

(Check one and attach voided check) ACH Checking Savings

Routing # _____ Account # _____

Signature _____ Date _____

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

**Autopays will be charged to your listed credit card the 15th of every month.*

To help us serve you better, please check all interests that apply to you.

- Lunch/Dinner Service
- Live Music/Dinner Dances
- Wine Tastings
- Gourmet Dinners
- Cooking Classes
- Sports Nights
- Holiday Buffets
- Business Presentations/Trainings
- Business Lunches/Dinners
- Private Parties (Birthday, Anniversary, Holiday, etc.)
- Other _____

FOR OFFICE USE ONLY

Member # _____

Date Received _____ By _____

Payment Type _____

Amount _____

Quarter begins:
#1-1040 Mar/Jun/Sept/Dec
#1041-1575 Apr/Jul/Oct/Jan
#1576 + May/Aug/Nov/Feb