

BILLINGS PETROLEUM CLUB
MEMBERSHIP APPLICATION

P.O. Box 1957
 Billings, MT 59103
 406-252-6702

Manager: Bob Boulet	Assistant Manager: Jodee Crable
<u>Officers and Directors:</u>	
Patrick Beddow—President	Dave Kinnard
Jeffrey Peete—Vice President	Ben Ripley
Duane Smith—Treasurer	John Fredland
Rob Balsam—Past President	J. R. Reger
Judy G. Johnson—Secretary	John Limbach
Don Sterhan	Alan Olson
Dan Barnett	

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

<u>For office use only</u>	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/Jan/Sep/Dec	

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