

**MMRS Membership Application**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State/Zip** \_\_\_\_\_

**Phones**      **Home** \_\_\_\_\_      **Cell** \_\_\_\_\_

**Work** \_\_\_\_\_      **Other** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Lodge Affiliation [if any]** \_\_\_\_\_

**Areas of interest that you'd like to learn/hear more about in an MMRS meeting:**

\_\_\_\_\_

\_\_\_\_\_

**Please send you first year's dues check [\$25, payable to MMRS] to:**

**Maryland Masonic Research Society  
P. O. Box 6784  
Columbia, Maryland 21045**