

Scottish St. Andrew Society of Greater St. Louis Membership Form

PLEASE PRINT CLEARLY!

Name (First & Last)	
Spouse's Name (if Applicable)	
Phone Number:	Can you receive texts at this number? YES NO
Email Address #1:	
Email Address #2: (Spouse)	
Mailing Address:	
City, ST, Zip:	
☐ NEW Membership	☐ RENEWAL Membership
Membership Type:	
☐ Individual Membership (\$25)	Family Membership (\$35)
Senior Individual – age 62+ (\$15)	Senior Family – age 62+ (\$25)
Are you of Scottish Descent? (You don't H	IAVE to be!)
Scottish Born	Scottish Ancestry/Heritage
Only Scottish in my heart!	Clan/Area? (If you don't know, that's okay – we can help!)
Would you be interested in joining one of	the <i>planning or volunteer committees</i> with the Society?
YES – I would love to get involved	in planning and volunteering for Society Events!
NO – I would prefer to only particip	ate in events right now.
Please share any additional details that yo	ou would like us to know as you join the SSAS of St. Louis:

INTERNAL USE ONLY			
Date Received			
Date Entered_			
Check	Cash	Credit Card	