

Scottish American Society of South Florida, Inc.

Membership Application
C/O Victor Swackhammer

5615 Forrest Street, Hollywood, Fl. 33021-2744

sassfml@bellsouth.net

The Society offers two types of membership and they are renewable each year in July.

The Individual Membership is \$15 and the Family Membership is \$25.

Please return this form, with dues payment, to the above address.

***Required Information, all other is optional.**

Make checks payable to S.A.S.S.F.

***Application Date:** _____

***Last Name:** _____ ***First:** _____ **M.I.** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

***Home Phone:** _____ **Work** _____ **Cell:** _____

***E-Mail (s)** _____ **FAX No:** _____

Profession: _____ **Clan Affiliation:** _____

***Willing to Serve on a Committee:** _____

Spouse's name: _____ **Cell:** _____

Spouse's Profession: _____ **Email (s)** _____

*CHILDREN AT HOME:	*BIRTHDATE: OR YEAR OF BIRTH

*Class of Membership: Individual: _____ Family: _____

Membership Check Enclosed: YesNoIf Yes, Amount: \$

For Internal Use:

Date Rec'd: _____ Amount Rec'd \$ _____ By Check No: _____ /Cash _____

Posted to Roll: _____ Date Mailed: _____ Date on Check: _____

By-laws ___ Officers ___ History ___ Pin ___ Membership Card ___ Roster ___

Voting Eligibility Date: _____ Expiration Date: _____