

scottish american society of south florida, inc.

Membership Application
C/O Victor Swackhammer
5615 Forrest Street, Hollywood, Fl. 33021-2744

Contact the membership committee at victor@sassf.org

The Society offers two types of membership.
The membership term is from January 1st to December 31st of each year.
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: _____ Apt. _____

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

*Home Phone: _____ Work _____ Cell: _____

*Primary E-Mail _____ Secondary E-Mail _____

Profession: _____ Clan Affiliation: _____

Willing to Serve on a Committee: _____

For Family Membership, please list your Spouse name: _____

Cell: _____ Email (s) _____ Profession: _____

Names and DOB of children at home: _____

This section is for internal use.

Membership Type: Individual: _____ Family: _____

New member application: _____ Renewal: _____

Membership Check Enclosed: Yes _____ No _____ If Yes, Amt Rec'd: \$ _____

Date Rec'd: _____ Ck No: _____ /Cash _____

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Please circle the sentence that is most accurate.

In addition to my membership renewal please accept my donation to SASSF in the amount of _____
I am not able to join this year however, please accept my donation to SASSF in the amount of _____
I am not able to join this year however, I would like to continue to receive mail and email from SASSF, and I have completed the application only to update my contact information.
Please remove me from your mail list.

Comments _____

