



scottish american society
of
south florida inc.

P.O. Box 16441
Plantation, FL 33318

SASSF offers two types of membership: Individual (\$15) and Family (\$25) covering 2 adults in household, plus minor children. The membership term is from January 1st to December 31st of each year. New memberships paid on or after October 1st will be renewable in December of the following year.

Please return this form, with dues payment to the above address. Checks should be payable to: SASSF

You may also join & pay online at: <https://sassf.org/membership>

***Required Information**

*Application Date: _____

*Last Name: _____ * First: _____ MI: _____

*Address: _____ Apt: _____

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

*Home Phone: _____ Cell: _____ Work: _____

*Email: _____

Interests: _____ Clan Affiliation: _____

Willing to Serve on a Committee: Yes _____ No _____

For Family Memberships, please also list your Spouse/Partner Name: _____

Cell: _____ Email: _____ Interests: _____

Name and DOB of minor children at home: _____

This section for internal use

Membership Type: Individual _____ Family _____

New Member: _____ Renewal _____

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

Check No: _____ Cash: _____

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Optional Additional Donation and/or Comments

Please Check as Appropriate:

In addition to my membership/renewal please accept my donation to SASSF in the amount of \$ _____

I am not able to join SASS this year, however please accept my donation to SASSF in the amount of \$ _____

I am not able to join SASSF 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 : _____

Comments: _____
